## PROFORMA - I

Remarks/assessment	of Chief Medical C	Officer/Chief Medical	Superintendent
alon	g with verified/co	untersigned papers	

- I. I have personally examined Sri/Smt./Sushri. PRANTAL SRIVASTAVA who is suffering from the disease/syndrome/disability CEREBRAL PALSY [Name of the disease] . . . . and in my opinion he/she may require frequent hospitalization for treatment/management.
- 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 . トリード いっい
- 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 . . . . . . . . . months only.



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

Name: AR P. K. SRIVASTAN A
ID No.: 9919
Designation: AR mo

- 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 rather the content of th
- 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.