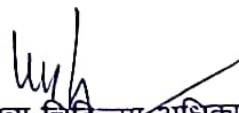


PROFORMA - I

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

I, DR Vishram Singh [Name] CMO/CMS, Bareilly (UP)
have perused the documents presented before me by Miss Swati Verma [Name
of the Officer]., ID No. 3707 Designation Civil Judge (Junior Division)
and place of posting District Court Bareilly OR on his behalf by
Sri Relation with the officer
Phone No.

- I. I have personally examined Sri/Smt./Sushri. Swati Verma
who is suffering from the disease/syndrome/disability Chronic Diabetes Type I
[Name of the disease] and in my opinion he/she may require Insulin Depend
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Swati Verma is
suffering from the disease/syndrome/disability/disorder Type I DM EIDA
[Name of the disease] and the disease(s) find(s) mention at
paragraph no. 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 Delhi NCR
- 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: DR. VISHRAM SINGH
ID No.:
Designation: CMO
Telephone No.
Mobile No. 9958665501

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.