## PROFORMA - I

Remarks/assess	ment of Chief Medical Officer/Chief Medical	Suporine 1
	along with verified/countersigned papers	superintendent

اسو	Dr. Vishruywamel Suigh CMO/CMS,	
	ave perused the documents presented before me by Sri. Hasi Prakash	
of	f the Officer] Gupta, ID No. V.P. 1709. Designation Special Tudge (POCS	S
n	nd place of posting. BAREILLY. UP OR on his behalf by	
Sr	ri	
	hone No	
	I. I have personally examined Sri/Smt./Sushri. ALKA GUPTA	
	who is suffering from the disease/syndrome/disability. 13 Wes Programmed INfine of the disease] and in my opinion he/she may require TRISON	7
	frequent hospitalization for treatment/management. On dated 25/1/2  II. I also verify that Sri/Smt./Sushri. Alba gupta is	4
	suffering from the disease/syndrome/disability/disorder	
	[Name of the disease] and the disease(s) find(s) mention at	
	paragraph no of the Annexure-l 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	
	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 (S!X). months only.	
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	Signare With Seal 2 24	
	Name: DR. VISHRAM SINGY	,
	Designation	
	Telephone No 995866550)	
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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.