

PROFORMA - I

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

I, Dr. Mahaveer Singh [Name] CMO CMO/CMS, . . . Baghpat
have perused the documents presented before me by Sri Sushree Singh [Name
of the Officer]., ID No. UP 1613. Designation . . . A.D.J.
and place of posting . . . Baghpat OR on his behalf by
Sri Relation with the officer
Phone No.

- I. I have personally examined Sri/Smt./Sushri. Urmila Chaudhary
who is suffering from the disease/syndrome/disability Repetitive Leiomycosarcoma
[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. Urmila Chaudhary is
suffering from the disease/syndrome/disability/disorder Repetitive Leiomycosarcoma
[Name of the disease] and the disease(s) find(s) mention at
paragraph no. 1 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
- 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 only.

21/02/24
Signature with seal
(C.M.O./C.M.S.)

Name: MAHABIR SINGH
ID No.:
Designation CHIEF MEDICAL OFFICER
Telephone No.
Mobile No. 9060263131

मुख्य चिकित्सा अधिकारी
बागपत

1. Concerned District Judge/Officers in equivalent rank to get these matters 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.