PROFORMA - I

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

Iname! Dr. Manaj Agar CMO/CMS, ... Luck www.

Iname! Dr. Manaj Agar

- 1. I have personally examined Sri/Smt./Sushri. Master. Faraz Akhtar who is suffering from the disease/syndrome/disability Au. TISM SPECTRUM DISORDER [Name of the disease]. ASD. and in my opinion he/she may require frequent hospitalization for treatment/management/continous therapies.
- II. I also verify that Sri/Smt./Sushri/Master. Faraz Akhtari ... is suffering from the disease/syndrome/disability/disorder . Autism Spectrum [Name of the disease] . ASD. and the disease(s) find(s) mention at paragraph no. X.W. 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 . L. UCK. NOVO., STHAZIARAD, NO. IDA.
- 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 .11 months only.

डॉ. सौरमे अहलावत एम०वी०वी०एस०, एम०डी० मानसिक रोग विशेषज्ञ बलरामपुर विकित्सालय, लखनऊ राजि० नं०—15055 Signature with seal (C.M.O./C.M.S.)

Name: ... डा० सनोज अग्रवाल ID No.: . मुख्य चिकित्सा अधिकारी Designation: . लखनऊ Telephone No. Mobile No. 6394411842

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.