

Proforma-I

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Inter district transfer of Judicial Officer

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

I, DR. JAVED HUSAIN A.C.M.O./C.M.S. Meerut have perused the documents presented before me by Sri KM. PARUL JAIN (ID. No UP2391 Designation A.D.J. (POCSO), Bijnor OR on his behalf by Sri PANKAJ JAIN . Relation with the officer BROTHER Phone No. 9917536687

- I have personally examined Sri/Smt./Sushri. ANJU JAIN (Mother) who is suffering from the disease/syndrome/disability Osteoarthritis Both Knee & Diabetes Mellitus & Hypertension & d/wage [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
- I also verify that Sri/Smt./Sushri. ANJU JAIN is suffering from the disease/syndrome/disability/disorder OA & DM & HT & d/wage [Name of the disease] and this disease is mentioned at paragraph no. X of the Annexure-I enclosed herewith.
- 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 ONLY at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely MEERUT, AGRA, SAHARANPUR, ALIGARH, MATHURA
- I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- This document shall be valid only for Three months only.

Signature with seal 26.02.24

मुख्य चिकित्सा अधिकारी

Name: DR. JAVED HUSAIN

ID No.:

Designation:

Telephone No. 9837392787

Mobile No.

1. Concerned District Judges/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

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