PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers
I,
have perused the documents presented before me by Sri CHANDRAM TName
of the Officer], ID No. V.P lo.7.2. Designation . A. D J I.
and place of posting BANDA OR on his behalf by
Sri .CHA.H.D.R.A. PALII . Relation with the officer WIF.E
Phone No 5.8. 7.0.86.76.60.
I. I have personally examined Sri/Smt./Sushri K.O.S.O.M. LATA who is suffering from the disease/syndrome/disability Chromic ulunatary [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 K.V.S.V.M. LATA is
suffering from the disease/syndrome/disability/disorder VLCERATIVE. COLITION IN THE STATE OF THE ATIVE COLITION IN THE STATE OF THE STAT
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 . M.E.E.R.V.T., G.H.A.Z.Î.A.BA.D
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.
24/04/2024 Chesignature-middleceal Distriction Destroy. Destroy. S.)
Name:

Telephone No.

Mobile No. 9450172172...

^{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.

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers
I, Dr. Navin Kumar Givi Dycho (medical Board)
have perused the documents presented before me by Sri CHANDRAPALName
of the Officer], ID No. P. 6.072 Designation A:D. J. Spl. Judge (E. c. Act)
and place of posting . PRAYA GRAT OR on his behalf by
Sri . CHANDRAPALTI Relation with the officer WIF.E
Phone No. 9.87.9.86.7.660
I. I have personally examined Spt/Smt./Sushri. K.V.S.V.M. L.A.T.A
II. I also verify that <code>Sri/Smt./Syshri</code> <code>KUSUM</code> . <code>LATA</code> is suffering from the disease/syndrome/disability/disorder <code>LeftSided</code> <code>Challis</code> <code>[Name of the disease]</code> 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 MEE. RUT GHO. ZIAKAD. GAUTAM NAGAR
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./G.M.S.) Name: So do and the last of t

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.