PROFORMA – I

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

I, . . Dr. RAKESH KUMAR . . . . . [Name] . . . . . CMO/CMS, ...

have perused the documents presented before me by Sri . . . . . SHIVATT SINGH [Name of the Officer]. . . . . ., ID No. UP6352 . . . . . Designation . . ADJ. Muzaffar Nagar and place of posting . . Muzaffar Nagar . . . . . OR on his behalf by Sri . . . . . Relation with the officer . . . . . .

Phone No. . . . . .

I. I have personally examined Sri/Smt./Sushri. Mahadev Prasad Singh (Father) who is suffering from the disease/syndrome/disability Diabetes Mellitus c̄ Hypertension c̄ Unstable Angina (CAD) [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 Mahadev Prasad Singh . . . . . is suffering from the disease/syndrome/disability/disorder Diabetes Mellitus c̄ Hypertension c̄ Unstable Angina (CAD) [Name of the disease] . . . . . and the disease(s) find(s) mention at paragraph no. XII – e . . . 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 Lucknow, Meerut, Varanasi, Prayagraj, Delhi etc.

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 . . . Twelve . . . months only.

23.02.24

Signature with seal

(C.M.O./C.M.S.)

Chief Medical Superintendent
DISTRICT HOSPITAL (M)
MUZAFFARNAGAR

Name: . . RAKESH KUMAR

ID No.:. . . . . CMS . . . . . .

Designation: . . . . . CMS . . . . . .

Telephone No. . . . . .

Mobile No. . 9454455282 . . . . . .

23-4-24
डा० वी० के० जैन
वरिष्ठ परामर्शदाता (हृदय रोग विशेषज्ञ)
जिला चिकित्सालय, मुजफ्फरनगर

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.*