

**PROFORMA-I**

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

I.....DR. V.K. Singh..... CMO/CMS,.....BULANDSHAHAR.....have perused the documents presented before me by Sri Hemant Kumar, ID No-UP6449, Designation ADDL. District & Session Judge and place of posting Bulandshahr.

Phone No. 9452926618.

I- I have personally examined Smt Gulab Rani W/O Late B. Prasad who is suffering from disease/ syndrome/ disability.....CAD..... and in my opinion she may require <sup>Immediate</sup> frequent hospitalization for treatment/management.

II- I also verified that Smt Gulab Rani is suffering from disease/syndrome/disability/disorder.....CAD.....and the disease (s) find (s) mention at paragraph no.....12..... 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.....wherever.....cardiologist....Available.

V- I am aware that this document may be presented by the competent authority/application for further use by a competent Medical Board.

VI- This document shall be valid for.....06.....month only.

  
Signature with seal  
Chief Medical Officer  
(CMO/CMS)  
Bulandshahr

Name.....DR. V.K. Singh.....

ID No.....

Designation.....C.M.O......

Telephone No.....800 519 2850.....