## PROFORMA - I

emarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers
I,
have perused the documents presented before me by Sritt. 1:000 9 [Name ] have perused the documents presented before me by Sritt. 1:000 9 [Name ]
along with verified/countersigned papers  I
Phone No 8.5.2.75.90 202  1. I have personally examined Sri/Smt./Sushri
who is suffering from the disease/syndrome/disability Metasta to who is suffering from the disease from t
[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
[Name of the disease] 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
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 S months only.
Signature with seal
Name: Ir (C.M.O./C.M.S.) The
Designation: CMO Madaun.
Telephone No 9. 9. 3. 6 2 3 19 2 5 4 5

Chief Medical Officer

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.