Any complainant desirous of filing any complaint(s) against any doctor(s) needs to use the appropriate prescribed proforma given below (Annexure I) after going through the relevant instructions:

ANNEXURE – I

PROFORMA FOR SUBMITTING ORIGINAL COMPLAINTS UNDER INDIAN MEDICAL COUNCIL (PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS) REGULATIONS, 2002.

1. Name of the complainant: _________________________________
   (In Block letters)

2. Father's Name: __________________________________________

3. Full Postal address of the complainant ________________________
   City _____________District _____________State _______________
   Pin Code _____________________
   Telephone No.________________(O)_________________________
   (R)__________________Mobile_______________________
   E-mail ____________________________________________

4. Bank Draft No.________________ dated _______________ for Rs. _____________
   Drawn on (Name & address of issuing branch) _____________________________

5. Does the complainant belongs to BPL category: Yes/No
   If yes, proof may be submitted and listed below _____________________________

6. The name and addresses alongwith particulars of the doctor(s) against whom complaint is lodged.
   Name of the doctor: ________________________________________________
   Registration number if available: ______________________________________
   (Name of the State Medical Council) _________________________________
   Address: Residential ________________________________________________
Clinic/Hospital: _________________________________________________

________________________________________________________________

________________________________________________________________Pin code: _________________

Tel. No. ___________________________
Mobile No. ___________________________
Office: ___________________________

________________________________________________________________Pin code: _________________

(Additional Sheets are to be used in case there is more than one doctor is involved.)

7. Nature of the complaint/allegations in brief alongwith record (in case complaint is against doctor)
   1.
   2.
   3.
   4.

I hereby affirm and declare that the information provided above are true to the best of my knowledge and belief and nothing has been concealed therein.

Date: ___________________________
Signature_______________________

Place: ___________________________
Name in full: ______________________
AFFIDAVIT

I, ________________________ Son/Daughter/Wife of ________________________ R/o ________________________ here by solemnly affirm that I have submitted a Complaint under Code of Medical Ethics (Professional Conduct, Etiquette & Ethics Regulations, 2002 & 2004) against _________________________________. The facts of the same have been given in the Complaint.

COMPLAINANT/ APPELLANT

VERIFICATION:

Verified at ______________ on this the ___________ day of __________ that the contents of my Complaint are true to the best of my knowledge and belief. No part of it is false and nothing has been concealed therein. There is no malafide intention in filing the said Complaint.

COMPLAINANT/ APPELLANT
INSTRUCTIONS FOR COMPLAINT

1. The Application Form should be properly and neatly filled in.

2. Incomplete applications shall not be entertained by the Council.

3. A Bank draft of Rs. 200/- (Rupees Two Hundred only) in favour of “Registrar, Punjab Medical Council “Payable at Mohali/ Chandigarh should be sent along with the application as fee (cheques are not acceptable). On reverse of draft, following details will be filed by the applicant and duly signed:

   (a) Name:
   (b) Father’s Name:
   (c) Purpose:
   (d) Contact Telephone/Mobile No.:

4. Persons Below Poverty Line (BPL) shall not have to pay any fees for the original complaints provided that a certificate issued by a government Authority/attested copy of the BPL Card issued by the Competent Authority is attached with the complaint/appeal.

5. Applicant to retain copy of Complaint and bank draft for future reference.

6. Applicant to attach the affidavit with the complaint as per given proforma on Rs.50/- stamp paper duly attested by Notary Public.
Acknowledgement

(to be filled by the candidate)

Received Application from Ms/ Mr. ……………………………………………………………… D/o / S/o Sh. ……………………………………………………………… alongwith Bank Draft/DD No. ………………………………… Dated ………………… for Rs…………………… drawn on Bank ………………………………………………………………………………. for lodging Complaint.

Signature of Receiving Official with date

OFFICIAL
SEAL

Mention correct Permanent Registration Number