



Punjab Medical Council
Medical Education Bhawan, 2nd Floor, Sector 69, Mohali.
www.punjabmedicalcouncil.com Email: pmc_chd@yahoo.com

Any complainant desirous of filing any complaint(s) against any doctor(s) needs to use the appropriate prescribed proformaas 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 alongwith 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.

OFFICIAL
SEAL

Signature of Receiving Official with date

mention correct permanent Registration Number