



HARYANA MEDICAL COUNCIL

SCO-410, 2nd floor, Sector – 20, Panchkula, Haryana – 134116

Email – registrarhmc@gmail.com, Office – 0172 – 2520165

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. 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 _____



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Clinic/Hospital: _____

_____ Pin code: _____

Tel. No. _____

Mobile No. _____ (Alternate No.) _____

Office: _____

_____ Pin code: _____

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

6. Nature of the complaint/allegations in brief along with record (In

case of 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: _____



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AFFIDAVIT

I, _____ Son/Daughter/Wife _____ 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



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INSTRUCTIONS FOR SUBMISSION OF 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. 500/- (Rupees Five Hundred only) in favour of “Registrar, Haryana Medical Council “Payable at Panchkula 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. Three sets/copies of complaint & reply to be submitted by both the parties.
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.



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ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr. _____ D/o , S/o Sh.
_____ along with Draft/ D.D No. _____ Dated
_____ for Rs. _____ drawn on Bank
_____ for lodging complaint.

Signature of Receiving Official with date

OFFICIAL
SEAL