

	<h2 style="text-align: center;">MEDICAL COUNCIL OF INDIA</h2> <p style="text-align: center;">Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077 Phone : 011-25367033, 25367035, 25367036, Email : <a href="mailto:mci@bol.net.in">mci@bol.net.in</a>, Website : <a href="http://www.mciindia.org">http://www.mciindia.org</a></p>
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***Any complainant desirous of filing any complaint(s) against any doctor(s) or an appeal against the decision of any State Medical Council/Medical Council of India needs to use the appropriate prescribed proforma as given below (Annexure I or II) 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 (in case complaint is against doctor)

- 1.
- 2.
- 3.
- 4.

8. List of material being provided along with the appeal.

- 1.
- 2.
- 3.
- 4.
- 5.

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/Appeal under Indian Medical Council  
(Professional Conduct, Etiquette & Ethics) Regulations, 2002 against  
\_\_\_\_\_. The facts of the same have been given in the  
Complaint/Appeal.

COMPLAINANT/ APPELLANT

**VERIFICATION :**

Verified at \_\_\_\_\_on this the \_\_\_\_\_ day of  
\_\_\_\_\_ that the contents of my Complaint/Appeal 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/Appeal.

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 “The Secretary, Medical Council of India”, payable at New Delhi 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 or the appeals as the case may be 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/Appeal 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. .... alongwith Bank Draft/  
DD No. .... Dated ..... for Rs.....  
drawn on Bank .....  
for lodging Complaint/ Appeal.

OFFICIAL  
SEAL

Signature of Receiving Official  
with date

**ANNEXURE – II**

**PROFORMA FOR SUBMITTING APPEAL CASES UNDER SECTION 8.7 & 8.8 OF INDIAN MEDICAL COUNCIL (PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS) REGULATIONS, 2002.**

1. Name of the appellant: \_\_\_\_\_  
(In Block letters)
  
2. Full Postal address of the appellant \_\_\_\_\_  
City \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ (O) \_\_\_\_\_  
® \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_
  
3. Bank Draft No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_  
  
Drawn on (Name & address of issuing branch) \_\_\_\_\_  
\_\_\_\_\_
  
4. Does the complainant belongs to BPL category: Yes/No  
If yes, proof may be submitted and listed below \_\_\_\_\_
  
5. If the appellant is same person who has lodged the original complaint:  
\_\_\_\_\_
  
6. The name and addresses alongwith particulars of the doctor(s) against whom complaint is lodged.  
Name of the doctor: \_\_\_\_\_  
Registration number: \_\_\_\_\_  
(Name of the State Medical Council) \_\_\_\_\_  
Address: Residential \_\_\_\_\_  
\_\_\_\_\_  
  
Clinic/Hospital: \_\_\_\_\_  
\_\_\_\_\_ Pin code: \_\_\_\_\_  
  
Office: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Pin code: \_\_\_\_\_

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

7. Nature of the appeal in brief -
  - 1.
  - 2.
  - 3.
  - 4.

8. Name of the State Medical Council against whose decision the appeal is lodged (enclose a copy of the decision of the State Medical Council with all the relevant papers).

Reasons for not being satisfied of ruling of State Medical Council

- 1.
- 2.
- 3.
- 4.
- 5.

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:\_\_\_\_\_

INSTRUCTIONS FOR APPEAL

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 “The Secretary, Medical Council of India”, payable at New Delhi 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.:
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Signature of Receiving Official  
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