

**Affix Court Fee  
Stamp of Rs 10/-**

## **DECLARATION**

Date: -----

**(Under Rule 62 of the Maharashtra Medical Council, Rule 1967)**

I the undersigned Shri / Smt. -----

Hereby declare that whatever I have stated in my complaint against

Dr. (Full Name) -----

His / Her M. M. C. Registration No. -----

Address -----  
-----

Telephone No ----- Mobile No. -----

Is true to the best of my knowledge and belief

I am ready to appear before the Maharashtra Medical Council along with my witnesses and documentary evidence etc.

I am signing this declaration on oath and on my willingness

Signature -----

Full Name of Complainant -----

Address -----  
-----

Pin code -----

Telephone Number -----

Mobile Number -----

**DATED** -----

**SIGNATURE**

**Before me  
(Notary Public/Gazette Officer)  
With Seal/Stamp**