

**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.....

Qualification

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**