

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 -----

Pincode -----

Telephone Number -----

Mobile Number -----

DATED -----

SIGNATURE