ANNEXURE – I

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

FOR (Complainant before State Medical Council) APPELLANTS PREFERENCE APPEAL AGAINST THE DECISION OF STATE MEDICAL COUNCIL

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 appellant belong 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: ____________
E-mail ID ________________________________

(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. Has the State Medical Council not passed order on the complaint within stipulated
   time period of 6 months?
   Yes/No

9. 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/-+18% GST) in favour of “The Secretary, Medical Council of India”, payable at New Delhi should be sent along with 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 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.
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 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

FOR REGISTERED MEDICAL PRACTITIONERS PREFERING APPEAL AGAINST THE DECISION OF STATE MEDICAL COUNCIL.

1. Name of the appellant/Doctor: __________________________________________ (In Block letters)

2. Registration number: __________________________________________________ (Name of the State Medical Council) ____________________________

3. Full Postal address of the appellant __________________________
   Address: Residential __________________________________________
   _____________________________________________________________
   Clinic/Hospital: ______________________________________________
   _____________________________________________________________
   ___________ Pin code:_____________
   Office: _______________________________________________________
   Telephone No._________________________ Pin code: __________
   Mobile__________________________
   E-mail _____________________________________________

4. Bank Draft No. ________________ dated ________________ for Rs. _____________
   Drawn on (Name & address of issuing branch) ___________________________

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

6. 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/-+18% GST) in favour of “The Secretary, Medical Council of India”, payable at New Delhi should be sent along with 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.
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