

**BEFORE THE TELANGANA STATE MEDICAL COUNCIL,
AT HYDERABAD**

Complaint No. _____ of 20____

BETWEEN:

Sri. /Smt. /M/s. _____,

son / daughter / wife of _____,

age _____ years, Occu: _____,

R/o. _____ (state full residential address along with pincode)

...COMPLAINANT

AND

Dr., son / daughter / wife of _____

age _____ years, Occu: Registered Medical Practitioner,

R/o. _____ (state full residential address along with pincode)

...RESPONDENT (S)

COMPLAINT

**(FILED UNDER RULES 2 & 3 OF THE RULES REGULATING THE PROCEDURE AT AN
ENQUIRY HELD UNDER SECTIONS 15 AND 17 OF THE ANDHRA PRADESH MEDICAL
PRACTITIONERS REGISTRATION ACT, 1968)**

To,
The Registrar,
Telangana State Medical Council,
Hyderabad.

I, _____, age years, son / daughter / wife of . Sri. _____,

R/o. _____ (state full residential address along with pincode), do hereby solemnly

affirm and state on oath as follows:

1. I am the Complainant / Authorized Representative of the Complainant herein and as such I am well acquainted with the facts of the case and swear to the contents of this affidavit.

STATEMENT OF FACTS

(Chronological narration of facts constituting the alleged infamous conduct in professional respect)

2. _____
3. _____
4. _____

(If space is insufficient, continue on a separate sheet, duly signed.)

GROUND

The Complainant submits that the Respondent has been guilty of infamous conduct in a professional respect on the following grounds, each of which is set forth below in seriatim:

Ground (A): _____

Ground (B): _____

Ground (C): _____

Ground (D): _____

(If space is insufficient, continue on a separate sheet, duly signed.)

PRAYER

It is therefore prayed that this Hon'ble Council may be pleased to:

(1) _____

(2) _____

(3) _____

(4) and pass such other order (s) as this Hon'ble Council deems fit and proper in the circumstances of the case.

Solemnly affirmed and signed before me

on this the ____ day of ____ (Month), ...20 (Year)

COMPLAINANT

ADVOCATE / NOTARY

DECLARATION

I, _____, son / daughter / wife of _____, aged about ____ years, occupation _____, resident of _____ (state full residential address along with pincode), being the Complainant / Authorized Representative of the Complainant herein and as such am well conversant with the facts and circumstances of the case, do hereby solemnly verify, declare, affirm and state on oath as follows :

- a. The facts stated in the paragraphs () to () etc., of the Complaint are true and correct to the best of my personal knowledge,
- b. the facts stated in the paragraphs () to () are true and correct based on _____ (state the source of source of the information).

For Example:

- a. the contents of paras () & () are based on information received and believed to be true,
- b. the contents of paras () to () are based on legal advice and my opinion, and

Solemnly declared and affirmed at ____ (Place) on this ____ day of ____ (Month), 20 (Year).

(Signature of the Complainant/

Authorized Representative of the Complainant)

Name: _____

COMPLAINANT

LIST OF DOCUMENTS

Sr. No.	Description of Document	Parties to Document	Date of Document	Original/Certified Copy/Photocopy/Print-out
1.				
2.				
3.				
4.				

(If space is insufficient, continue on a separate sheet, duly signed.)

(Signature of the Complainant/

Authorized Representative of the Complainant)

Name: _____

COMPLAINANT

LIST OF WITNESSES

1. _____, son / daughter / wife of _____, aged about _____ years, occupation _____, resident of _____, _____ (state full residential address along with pincode)
2. _____, son / daughter / wife of _____, aged about _____ years, occupation _____, resident of _____, _____ (state full residential address along with pincode)

(Signature of the Complainant/
Authorized Representative of the Complainant)

Name: _____

COMPLAINANT

**BEFORE THE TELANGANA
STATE MEDICAL COUNCIL
AT HYDERABAD**

Complaint No. / 2026

BETWEEN:

Sri./Smt./M/s.....
...Complainant

AND

Dr. & ... Others

...Respondent
(s)

COMPLAINT

**FILED UNDER RULES 2 & 3 OF THE RULES
REGULATING THE PROCEDURE AT AN
ENQUIRY HELD UNDER SECTIONS 15 AND 17
OF THE ANDHRA PRADESH MEDICAL
PRACTITIONERS REGISTRATION ACT, 1968**

Filed on : DD/MM/YYYY

Filed by:

*(If In case the Complainant is represented by an
Advocate then, the Name and Address of the said
Advocate)*

Address for service:

