



ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

SUBJECT: - COMPLAINTS REGARDING MEDICAL HEALTH

Token Number (For Office Use)

Date:-

/ /

Citizen Identification Number

(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Wards Committee No.:	1 [] 2 [] 3 [] 4 []
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

Classification: - (Tick [✓] whichever applicable)

- [] Starting of Hospital/Medical centre/Nursing home/Dispensary etc. without proper permission
[] Nursing home Registration /Renewal
[] Bogus Doctor
[] Dispersion of infective diseases
[] Others

Details of Complaint:-

[Note: - Please attach necessary documents regarding Complaint.]

Applicant's Signature