

Medical Council of Mauritius

Application Form for appearing in Medical Graduate Examination

(Under Section 22 (1) (ca) of the Medical Council Act)

(Note: Make all entries in block letters by own handwriting)

Photograph of Applicant

SURNAME			
NAME(S)			
DATE OF BIRTH			
NATIONALITY			
NATIONAL IDENTITY CA	RD NO		
RESIDENTIAL ADDRESS			
TELEPHONE NO			
DATE OF ENTRANCE AT MEDICAL SCHOOL			
DATE WHEN APPLICANT PASSED FINAL EXAMS			
NAME OF MEDICAL DEGREE/DIPLOMA AWARDED			
NAME OF MEDICAL INSTITUTION WHERE APPLICANT IS QUALIFIED			
PRE REGISTRATION TRAINING PARTICULARS			
 Date of Pre Registration Training:- from to			
• Name(s) or instituti	on(s) where pre-registration training was imparted :		
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•			
•			
Registration number	er in the Certificate of Provisional Registration as Pre-Registration Trainee issued by the Medica		
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Council of Mauritius or any other relevant Medical Regulatory Authority......

Pre-Registration Training Completion Certificate from Health Institution(s) providing the Training and letter to this effect from the Ministry of Health & QL or from other relevant Authority submitted: YES/NO.....



Medical Council of Mauritius

DECLARATION BY APPLICANT:

PLACE:----

I,	agedvears residing at
(Residential Address)	having passed my "Diploma in Medicine" dical Institution) situated
1. I am a citizen of Mauritius OR I am a non citizen holdi permit under the Non Citizens (Employment Restriction) and of the Immigration Act.	
2. That I am aware that my taking part/success in MRE dwith Medical Council of Mauritius	loes not confer any right whatsoever for registration
3. I have read the information bulletin for MRE schedul eligible to appear in the said exam.	ed for June 03, 2017 and hereby certify that I am
4. I have not submitted any incorrect or false information and I am aware that I shall be liable for action in the event	
5. Certified that I have filled the application form for MRE	for June 03, 2017 in my own handwriting.
	(Signature of Applicant)
	Name of Applicant(in block letters)
DATE:	