





*Medical Council of Mauritius*

**DECLARATION BY APPLICANT:**

I, .....aged.....years residing at (Residential Address).....having passed my “Diploma in Medicine” (equivalent to an MBBS) examination from (name of Medical Institution)..... situated in (name of country).....do declare and certify that:

1. I am a citizen of Mauritius OR I am a non citizen holding a work permit or exempted from holding a work permit under the Non Citizens (Employment Restriction) Act or hold an occupational permit under section 9A of the Immigration Act.
2. That I am aware that my taking part/success in MRE does not confer any right whatsoever for registration with Medical Council of Mauritius
3. I have read the information bulletin for MRE scheduled for **June 03, 2017** and hereby certify that I am eligible to appear in the said exam.
4. I have not submitted any incorrect or false information to the Medical Council of Mauritius for this purpose and I am aware that I shall be liable for action in the event of submission of any incorrect or false information.
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:**-----

**PLACE:**-----