



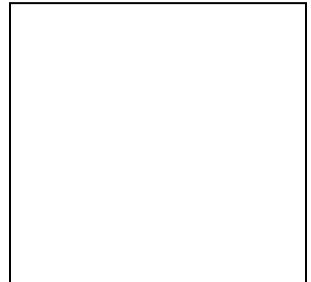
Medical Council of Mauritius

Application Form for Pre-Registration Entry Examination

(Under Section 24 (5) 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 CARD NO

--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS

.....

EMAIL ADDRESS

TELEPHONE NO

NAME OF MEDICAL DEGREE/DIPLOMA AWARDED

NAME OF MEDICAL INSTITUTION WHERE APPLICANT IS QUALIFIED

DATE OF PROVISIONAL REGISTRATION AS PRE REGISTRATION TRAINEE

PROVISIONAL REGISTRATION NUMBER



Medical Council of Mauritius

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

- 1 I am a citizen of Mauritius Or
a non citizen holding a residence permit under section 5(1)(c) of the Immigration Act.
- 2 I have read the information bulletin for PREE scheduled for **May 19, 2018** and hereby certify that I am eligible to
appear in the said exam.
- 3 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.
- 4 Certified that I have filled the application form for PREE scheduled for **May 19, 2018** in my own handwriting.

(Signature of Applicant)

Name of Applicant.....

Date:.....

Place:.....