



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 **November 18, 2017** 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 **November 18, 2017** in my own
handwriting.

(Signature of Applicant)

Name of Applicant.....

Date:.....

Place:.....