

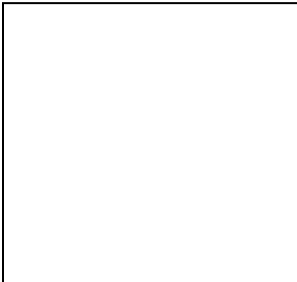


Medical Council of Mauritius

**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 

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RESIDENTIAL 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 **June 03, 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 **June 03, 2017** in my own handwriting.

(Signature of Applicant)

Name of Applicant.....

Date:.....

Place:.....