Medical Council of Mauritius

Application Form for appearing in Medical Registration 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 CARD NO

RESIDENTIAL ADDRESS

TELEPHONE NO

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) of Institution(s) where pre-registration training was imparted :

  • ................................................................................................................

  • ................................................................................................................

  • ................................................................................................................

  • ................................................................................................................

  • ................................................................................................................

• Registration number in the Certificate of Provisional Registration as Pre-Registration Trainee issued by the Medical 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.................................
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. That I am aware that my taking part/success in MRE does not confer any right whatsoever for registration with Medical Council of Mauritius

2. 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.

3. I certified that I have filled this application form in my own handwriting.

........................................................................................................
(Signature of Applicant)

........................................................................................................
Name of Applicant
(in block letters)

DATE:-----------------------------------------------