





*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. 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:**-----