



Medical Council of Mauritius

- Pre-Registration Training Completion Certificate from Health Institution(s) providing the Training and letter to this effect from the Ministry of Health & Wellness 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:-----