

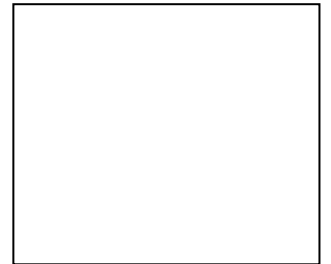


Medical Council of Mauritius

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

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RESIDENTIAL ADDRESS

TELEPHONE NO

DATE OF ENTRANCE AT MEDICAL SCHOOL

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 :
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 -
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- 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.....



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 read the information bulletin for MRE scheduled for **July 27, 2019** 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 MRE for **July 27, 2019** in my own handwriting.

.....
(Signature of Applicant)

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

DATE:-----