



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 have read the information bulletin for PREE scheduled for **July 27, 2019** and hereby certify that I am eligible to appear in the said examination.
- 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 Certified that I have filled the application form for PREE scheduled for **July 27, 2019** in my own handwriting.

(Signature of Applicant)

Name of Applicant.....
(In Block Letters)

Date:.....