



SECOND SCHEDULE

(Regulation 3(2))

MEDICAL COUNCIL OF MAURITIUS

APPLICATION FORM FOR REGISTRATION AS A GENERAL PRACTITIONER

Surname:

Names:

Date of Birth: Sex:

Nationality:

Residential Address: Email:

Telephone No.:

Date of entrance at Medical School:

Date when applicant passed final examinations:

Details of qualifications:

Title	Name of Institution	Country	Date
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Pre-registration training.....

Type of registration applied for Full or Temporary.....

Work permit (whenever applicable) Yes/No:

Documents attached:

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Declaration by Applicant

I,declare that -

- (a) all the particulars given above are to my best knowledge and belief true and accurate;
- (b) I am of good character and have not been convicted of any crime involving fraud or other dishonesty;
- (c) I am not under suspension under the laws of any country for or on account of any negligence or infamous conduct or any professional misconduct or malpractice;
- (d) I have not been struck off the list of persons entitled to practise medicine in any country; and
- (e) I am not incapacitated by reason of any physical or mental health.

Date:

Signature: