

**FIRST SCHEDULE**  
[Regulation 3]

**THIRD SCHEDULE**  
[Regulation 3(3)]

**MEDICAL COUNCIL OF MAURITIUS**

**APPLICATION FORM FOR REGISTRATION AS A SPECIALIST**

Surname – .....

Name – .....

Date of Birth – ..... Sex – .....

Nationality – .....

Residential Address – .....

Telephone No – .....

Date of entrance at Medical School – .....

Date when applicant was registered as a general practitioner – .....

Details of qualifications – .....

Title	Name of Institution	Country	Date

Field of specialization – .....

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, I have not been convicted of any crime;
- (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