



FIRST SCHEDULE

(Regulation 3 (1))

MEDICAL COUNCIL OF MAURITIUS

APPLICATION FORM FOR PRE-REGISTRATION TRAINEE

Surname:.....

Names:.....

Date of Birth:..... **Sex:**.....

Nationality:.....

Residential Address:-..... **Email:**

Telephone Number:-.....

Date of entrance at Medical School:.....

Date when applicant passed final examinations:.....

Details of qualifications:.....

Titles	Name of Institution	Country	Date
.....
.....

Documents attached:.....

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.....

Date:

Signature:

Please note that your pre-registration training in the Republic of Mauritius will not give you any claim to full registration as a general practitioner unless this training entitles you to be registered as a general practitioner in the country where you qualified.