



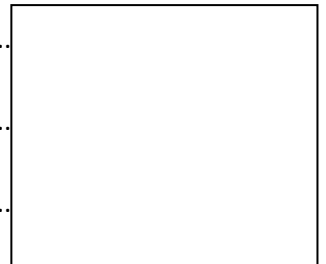
Medical Council of Mauritius

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

EMAIL ADDRESS

TELEPHONE NO

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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.....



Medical Council of Mauritius

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

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Pre-Registration Training Completion Certificate from Health Institution(s) providing the Training and letter to this effect from the Ministry of Health & Wellness or from other relevant Authority submitted:

YES/NO.....

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:

- I. I am aware that my taking part/success in MRE does not confer any right whatsoever for registration with the Medical Council of Mauritius
- II. 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.
- III. I certified that I have filled this application form in my **own** handwriting.

.....
(Signature of Applicant)

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Name of Applicant (in block letters)

DATE:-----