



MEDICAL COUNCIL OF MAURITIUS

APPLICATION FORM

Post Applied for: [REDACTED]

1. PERSONAL DETAILS

Title: Mr Mrs Ms

National Identity Number: [REDACTED]

Surname: [REDACTED]

Other Names: [REDACTED]

Maiden Name (if applicable): [REDACTED]

Residential Address: [REDACTED]

Date of Birth: [REDACTED] Age: [REDACTED]

Nationality: [REDACTED]

Marital status: [REDACTED]

Office Tel: [REDACTED] Home Tel: [REDACTED] Mobile Number: [REDACTED]

Email Address: \ [REDACTED]

2. QUALIFICATIONS

School Certificate <input type="checkbox"/> / GCE 'O' Level <input type="checkbox"/>		Higher School Certificate <input type="checkbox"/> / GCE 'A' Level <input type="checkbox"/>	
Institution		Institution	
Year		Year	
Subjects	Grade	Subjects	Grade
		Main:	
		Sub:	

Technical and Vocational Qualifications

University/ Institution	Country	Qualification Acquired	Year (mm/yy)	Duration	
				From (mm/yy)	To (mm/yy)

Certificate/Diploma

University/ Institution	Country	Qualification Acquired	Year (mm/yy)	Duration	
				From (mm/yy)	To (mm/yy)

Undergraduate Degree

University/ Institution	Country	Qualification Acquired	Year (mm/yy)	Duration	
				From (mm/yy)	To (mm/yy)

Postgraduate Degree

University/ Institution	Country	Qualification Acquired	Year (mm/yy)	Duration	
				From (mm/yy)	To (mm/yy)

Other qualifications

University/ Institution	Country	Qualification Acquired	Year (mm/yy)	Duration	
				From (mm/yy)	To (mm/yy)

3. EMPLOYMENT HISTORY

Employer	Position	From	To	Reason for leaving

3 (a) Have you been the subject of an investigation/enquiry for any offence during the last 10 years?

Answer (Yes or No)

If yes, please provide the nature of offence, details and date of outcome.

3 (b) Have you ever been prosecuted before a court of law for any offence and subsequently found guilty during the last 10 years?

Answer (Yes or No)

If yes, give details (court, charge, date of judgment and sentence - e.g. imprisonment, fine, caution or conditional discharge).

4. REFEREES

Referee 1	Referee 2
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Phone No.	Phone No.
E-mail:	E-mail:

5. DECLARATION

I,.....hereby certify that all information given above and in annexes are true and complete and can be verified by the Medical Council of Mauritius. I understand that if I have supplied incorrect, misleading or incomplete information, I may be immediately disqualified.

NOTES AND INSTRUCTIONS TO CANDIDATES

1. The recruitment and selection process of the Medical Council of Mauritius is solely based on merit, qualifications, fairness, equal opportunity, competencies and strict neutrality.
2. Incomplete application, including non-submission of documentary evidence to support your application (as per requirements of the post), will not be considered.
3. Applications not made on the prescribed form and not submitted within the set deadline will not be considered.
4. The post applied for should be clearly marked on the top left-hand corner of the envelope.
5. Hand-delivered application should be deposited in the Application Box found at the Medical Council of Mauritius prior to the deadline, during office working hours, i.e. on weekdays between 09h00 and 15h30.
6. The Medical Council of Mauritius reserves the right to contact the referees mentioned in the application form.
7. Any person who directly or indirectly by himself or by another person and in any manner influences or attempt to influence any decision of the Medical Council of Mauritius shall commit an offence which can lead to a breach of one or more sections of the Prevention of Corruption Act 2002.
8. The Medical Council of Mauritius reserves the right to convene only the best qualified candidates for the interview and not to make any appointment as a result of this advertisement.

