

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