

MEDICAL COUNCIL OF MAURITIUS

SUPPLEMENTARY INFORMATION FOR REGISTRATION AS GENERAL PRACTITIONER

SURNAME:-----

NAMES:-----

QUALIFIED FROM (NAME OF UNIVERSITY):-----

YEAR OF QUALIFICATION:-----

MAIN POSTINGS UNDERTAKEN AT (tick as appropriate):

| Dr. A.G. Jeetoo | SSR National Hospital | Flacq Hospital | J. Nehru Hospital | Victoria Hospital |
|-----------------|-----------------------|----------------|-------------------|-------------------|
| | | | | |

PERIOD OF POSTINGS:

| | FROM | TO | DURATION (IN WEEKS) |
|---------------------------------|------|----|---------------------|
| General Medicine + AIDS | | | |
| General Surgery + Neuro Surgery | | | |
| Obstetrics and Gyneacology | | | |
| Paediatrics | | | |
| Orthopaedics | | | |
| Cardiology | | | |
| Community Medicine | | | |
| Psychiatry | | | |
| ENT | | | |
| Ophthalmology | | | |
| Anaesthesia and ICU | | | |
| A&E. & Reanimation | | | |

POSTING(S) REPEATED WITH DATES (if any) AND AT WHICH HOSPITAL:

I certify that all the particulars given above are true and accurate.

DATE:-----

SIGNATURE:-----