



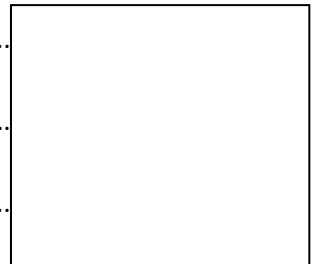
Medical Council of Mauritius

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) studied in (name of country)do declare and certify that:

- 1. I am aware that my taking part / success in MRE does not confer any right whatsoever for registration with MCM
- 2. I have read the information bulletin for MRE scheduled for **10 December 2024** and hereby certify that I am eligible to appear in the said exam.
- 3. 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.
- 4. Certified that I have filled in the application form for MRE scheduled for **10 December 2024** in my own handwriting.

.....
(Signature of Applicant)

.....
Name of Applicant (in block letters)

DATE:-----