



FIRST SCHEDULE

(Regulation 3(1))

MEDICAL COUNCIL OF MAURITIUS

APPLICATION FORM FOR PRE-REGISTRATION TRAINEE

Surname:

Names:

Date of Birth: Sex:

Nationality:

Residential Address: Email.....

Telephone No.:

Date of entrance at Medical School:

Date when applicant passed final examinations:

Details of qualifications:

Title	Name of Institution	Country	Date
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Documents attached:

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Date: Signature:

Please note that your pre-registration training in the Republic of Mauritius will not give you any claim to full registration as a general practitioner unless this training entitles you to be registered as a general practitioner in the country where you qualified.