



## **SECOND SCHEDULE**

(Regulation 3(2))

### **MEDICAL COUNCIL OF MAURITIUS**

#### **APPLICATION FORM FOR REGISTRATION AS A GENERAL PRACTITIONER**

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
.....	.....	.....	.....
.....	.....	.....	.....

Pre-registration training.....

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 and have not been convicted of any crime involving fraud or other dishonesty;
- (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: .....