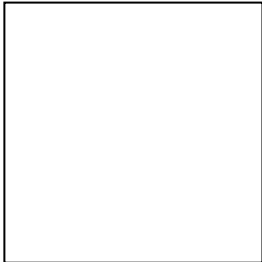


Dental Council Examination Board

Application Form for appearing in Dental Registration Examination
(Under Section 22 (1) (g) of the Dental Council Act)

(Note: All entries should be made in block letters and in applicant's own handwriting)

Photograph of Applicant



SURNAME

NAME(S)

DATE OF BIRTH

NATIONALITY

NATIONAL IDENTITY CARD NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS

.....

TELEPHONE NO

DATE OF ENTRANCE AT DENTAL SCHOOL.....

DATE WHEN APPLICANT PASSED FINAL EXAMS.....

NAME OF DENTAL DEGREE/DIPLOMA AWARDED.....

NAME OF MEDICAL INSTITUTION WHERE APPLICANT IS QUALIFIED.....

Dental Council Examination Board

DECLARATION BY APPLICANT:

I,aged.....years
residing at (Residential Address).....having passed my “Diploma
in Dental Surgery” (equivalent to a BDS) examination from (name of Medical
Institution).....
situated in (name of country).....do declare and certify
that:

1. I am a citizen of Mauritius OR I am a non citizen holding a work permit or exempted from holding a work permit under the Non Citizens (Employment Restriction) Act or hold an occupational permit under section 9A of the Immigration Act.
2. That I am aware that my taking part/success in Dental Registration Examination does not confer any right whatsoever for registration with Dental Council of Mauritius
3. I have not submitted any incorrect or false information to the Dental 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. I certified that I have filled the application form for Dental Registration Examination **September 10, 2020** in my own handwriting.

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

.....
Signature of Applicant

DATE:-----