



*Dental Council Examination Board*

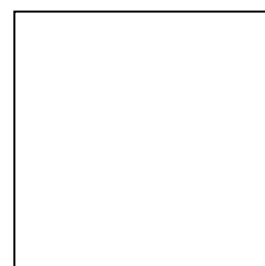
Dental Council Examination Board

**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

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RESIDENTIAL ADDRESS .....

.....

TELEPHONE NO .....MOBILE: .....

QUALIFICATION IN DENTISTRY - .....

.....

YEAR OF QUALIFICATION - .....

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

.....

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*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 **July 10, 2021** in my own handwriting.

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

.....  
**Signature of Applicant**

**DATE:**-----