

SECOND SCHEDULE  
(regulation 3(2))

**DENTAL COUNCIL OF MAURITIUS**

**APPLICATION FORM FOR REGISTRATION AS A DENTAL SPECIALIST**

**SURNAME:**-----

**NAMES:**-----

**DATE OF BIRTH:** ----- **SEX:** -----

**NATIONALITY:** -----

**RESIDENTIAL ADDRESS:** -----  
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**TELEPHONE NUMBER:** -----

**DATE OF ENTRANCE AT MEDICAL/DENTAL SCHOOL:** -----  
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**DATE WHEN APPLICANT WAS REGISTERED AS A DENTAL SURGEON:** -----

**DETAILS OF QUALIFICATIONS:**

TITLES	NAME OF INSTITUTION	COUNTRY	DATE

**TYPE OF REGISTRATION APPLIED FOR (FULL OR TEMPORARY):** -----

**WORK PERMIT (WHEREVER APPLICABLE):** -----**(YES/NO)** -----

**DOCUMENTS ATTACHED:** -----  
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**DECLARATION BY APPLICANT:**

I, ----- declare:

- (a) all the particulars given above are to my best knowledge and believe 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 practice dentistry in any country;
- (e) I am not incapacitated by reason of any physical or mental health;
- (f) There is no legal impediment or criminal case before any Court or authorized body, as the case may be, and
- (g) I have no pending administrative or criminal case before any Court or authorized body, as the case may be.

**DATE:**-----

**SIGNATURE:**-----