

FIRST SCHEDULE  
(regulation 3(1))

## DENTAL COUNCIL OF MAURITIUS

### APPLICATION FORM FOR REGISTRATION AS A DENTAL SURGEON

SURNAME:-----

NAMES:-----

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

NATIONALITY: -----

RESIDENTIAL ADDRESS: -----

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TELEPHONE NUMBER: -----

DATE OF ENTRANCE AT MEDICAL/DENTAL SCHOOL: -----

DATE WHEN APPLICANT PASSED FINAL EXAMINATIONS: -----

#### 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:**-----