



DENTAL COUNCIL OF MAURITIUS

SECOND SCHEDULE

(regulation 3(2))

APPLICATION FORM FOR REGISTRATION
AS A DENTAL SPECIALIST

Surname:

Names:

Date of Birth: Sex:

Nationality:

Residential Address:

Telephone No.:

Date of entrance at Medical/Dental School:

Date when applicant was registered as a dental surgeon:

Details of qualifications:

<i>Title</i>	<i>Name of Institution</i>	<i>Country</i>	<i>Date</i>
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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 -

- (i) all the particulars given above are to my best knowledge and belief true and accurate;
- (ii) I am of good character and have not been convicted of any crime involving fraud or other dishonesty;
- (iii) 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;
- (iv) I have not been struck off the list of persons entitled to practise dentistry in any country;
and
- (v) I am not incapacitated by reason of any physical or mental health.

Date:

Signature:

