

Read carefully the enclosed Notes & Instructions to candidates before filling this form

Application Form



DENTAL COUNCIL
OF MAURITIUS

1. Post Applied for.....
.....

2. National Identity No.

Title Mr Mrs Miss Ms

Marital Status : Married Single Other :.....

Surname :.....
(in block letters)

Other Names :.....
(in block letters)

Maiden Name (if applicable) :.....

3. Residential Address :
.....
.....
.....

Phone No : Office..... Home..... Mobile..... Email address :.....

Date of Birth Age Place of Birth.....

Nationality..... Certificate No. (If Naturalised).....& Date.....

4. SECONDARY ORDINARY LEVEL

State whether Cambridge S. C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)

Month/Year Exam. Centre No. Index No.

Subject	Grade

Result..... Aggregate.....

Month/Year Exam. Centre No. Index No.

Subject	Grade

Result..... Aggregate.....

5. SECONDARY ADVANCED LEVEL

State whether Cambridge H. S. C. or Cambridge G.C.E. or London General Certificate of Education (A Level)

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Month/Year Exam. Centre No. Index No.

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Subject	Level	Grade
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Level — Principal, Subsidiary, Advanced Subsidiary

Result.....

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Month/Year Exam. Centre No. Index No.

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Subject	Level	Grade
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Level — Principal, Subsidiary, Advanced Subsidiary

Result.....

6. Other Secondary Qualifications (e.g. Baccalaureat, Matriculation, Secondary & Higher Secondary Certificates from Overseas).

Note : Attach photocopies of marksheets/result slips and equivalence of certificates (if available)

Examining Body.....

Country..... Year.....

Certificate.....

Subject	Grade
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Marks	Percentage
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Result.....

TOTAL.....

7. TECHNICAL AND VOCATIONAL QUALIFICATIONS (e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC) etc.)

Name of University/Examining Body..... Country.....

Duration of course/study : From.....To..... Part Time Full Time Distance Education

Specify (i) exact qualifications obtained..... Class/Division/Level.....

(ii) Date of result :

Subjects (State whether main/subsidiary/major etc where applicable)

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8. DIPLOMA QUALIFICATIONS (*Below Degree level*) (*Attach photocopies of marksheets*)

Name of University/Examining Body..... Country.....

Duration of course/study : From.....To..... Part Time Full Time Distance Education

Specify (i) exact qualifications obtained..... Class/Division/Level.....

(ii) Date of result :

Subjects (State whether main/subsidiary/major etc where applicable)

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9. DEGREE/PROFESSIONAL QUALIFICATIONS (*Attach photocopies of marksheets*)

Name of University/Examining Body..... Country.....

Duration of course/study : From.....To..... Part Time Full Time Distance Education

Specify (i) exact qualifications obtained..... Class/Division/Level.....

(ii) Date of result :

Subjects (State whether main/subsidiary/major etc where applicable)

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10. POST DEGREE QUALIFICATIONS (*Attach photocopies of marksheets*)

Name of University/Examining Body..... Country.....

Duration of course/study : From.....To..... Part Time Full Time Distance Education

Specify (i) exact qualifications obtained..... Class/Division/Level.....

(ii) Date of result :

Subjects (State whether main/subsidiary/major etc where applicable)

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11. Other Qualifications as laid down in the advertisement (*e.g. Driving Licence (Specify type), First Aid,IT etc. Specify date*)

12. Experience and skills relevant to the post applied for (*Attach documentary evidence*)

EMPLOYMENT HISTORY

13.1 (i) Present Employment in the Government Service

Post held

Temporary/Substantive

Min./Dept.

.....
Date of Present Appointment

.....
Date of Confirmation in the Service

.....
Present Salary per month
Rs
.....

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(Date Month Year
e.g. 01 01 02)

13.2 If on leave without pay whilst in government service during the last five years state :

Period on leave :

From..... To..... Purpose (study, employment etc...)

Give details if applicable : (Organisation, Post held etc.)

14. (a) Have you been the subject of an investigation/enquiry for any offence during the last 10 years ?

Answer Yes or No..... If Yes, indicate nature of offence and date of outcome.

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(b) Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years ?

Answer Yes or No..... If yes, give details (court, charge, date of judgment and sentence - e.g. imprisonment, fine, caution or conditional discharge) :—

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Please also fill in the following acknowledgement slip



Dear Sir / Madam

Index No :.....

I am directed by the Dental Council of Mauritius to acknowledge receipt of your application made in response to Public Advertisement / Circular Note :

Dated.....(write date of advert / circular)

Post.....(write post applied for)

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15. **IMPORTANT – PLEASE READ THE ADVERTISEMENT CAREFULLY : Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.**

DECLARATION

I, , the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not wilfully suppressed any material fact.

Date

Signature.....