## **Board of Examination of the Dental Council of Mauritius**

## Application Form for appearing in the Dental Registration Examination to be held on **10 December 2024**

(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)

										Pho	togra	ph o	f App	licar
SURNAME														
NAME(S)  DATE OF BIRTH														
NATIONALITY						• • • • • •				 •				
NATIONAL IDENTITY CARD NO														
RESIDENTIAL ADDRESS														
TELEPHONE NO:														
EMAIL ADDRESS										 ••••				
DATE OF ENTRANCE AT DENTAL	SCHO	OOL.	••••				• • • • • •	• • • • • • •		 		•••••		••••
DATE WHEN APPLICANT PASSED	FINA	L EX	KAM	IS						 				
NAME OF DEGREE/DIPLOMA IN DI	ENTI	STR	Y							 	••••			
NAME OF MEDICAL INSTITUTION	AWA	ARDI	NG '	THE	DEG	REE	/DIPL	.OM	A					

## **DECLARATION BY APPLICANT:**

I,	agedyears
resi	ding at (Residential Address)having passed my "Diploma
in D	Dental Surgery" (equivalent to a BDS) examination from (name of Medical Institution)
••••	
situ	ated in (name of country)do declare and certify
that	:
1.	I am a <b>citizen of Mauritius</b> or I am a <b>non citizen</b> holding a work permit or exempted from holding work permit under the Non Citizens (Employment Restriction) Act or hold an occupational permit under section 9A of the Immigration Act.
2.	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 read the information bulletin for DRE scheduled for <b>Tuesday 10 December 2024</b> and hereb certify that I am eligible to appear in the said exam.
4.	I have not submitted any incorrect or false information to the Dental Council of Mauritius for this purpos and I am aware that I shall be liable for action in the event of submission of any incorrect or fals information.
5.	I certify that I have filled the application form for the Dental Registration Examination to be held of <b>10 December 2024</b> , in my own handwriting.
	Name of Applicant (in block letters)
	Signature of Applicant
	DATE: