

MINISTRY OF HEALTH AND WELLNESS

APPLICATION FORM FOR ELECTIVE TRAINING IN MAURITIUS

Personal details:		Affix attested
Surname:		front view Photograph
First Name:		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>		
Name of Parent/Guardian(Optional):		
Date and Place of birth:	Male / Female (delete as appropriate):	
Passport/ID Number	Nationality:	
Home Address:		
Home Telephone: Telephone No (In case of emergency):		
Mobile:		
Email Address:		
Contact Details in Mauritius:		
Address:		
Telephone:		
Mobile:		
Email Address:		
Medical Institution details:		
Name:		

Address:

Telephone:

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Fax:

Education:

Year of study in Medical Institution:

Subjects Taken at Medical Institution:

Elective Training Details:

Proposed elective training date in Mauritius:

Hospital: (1) (2) (3)

Department: (1) (2) (3)

Other Information:

Has any elective agency organized your elective placement? If yes, please give details:

Have you benefited from Elective Placement from this Ministry in the past?. Yes No

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Date

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Signature of Applicant

Copies of the following documents to be attached with the application form:-

- detailed curriculum vitae; and
- testimonial from the University