

MINISTRY OF HEALTH AND WELLNESS

APPLICATION FORM FOR ELECTIVE TRAINING IN MAURITIUS

Personal details:			
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:
Fax:
Education:
Year of study in Medical Institution:
Subjects Taken at Medical Institution:
Elective Training Details:
Proposed elective placement date in Mauritius:
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 <input type="checkbox"/> No <input type="checkbox"/>
For Official Use:
Hospital To Be Allocated:

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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