

MINISTRY OF HEALTH AND WELLNESS

APPLICATION FORM

**Employment of Medical Practitioners at the level of
Medical and Health Officer/Senior Medical and Health Officer
on a month-to-month contractual basis**

1. Mr./Mrs./Ms. : NIC No. :
(Copy of NIC to be attached)

2. Surname:

3. Other names (in full):

4. Residential address:

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5. Date of birth: Age:
(Copy of Birth Certificate to be attached)

6. Phone: (Residence) (Mobile)

7. Email:

8. Academic qualifications:

S.C/G.C.E 'O' Level

HSC/GCE 'A' Level

Subject

Grade

Subject

Grade

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9. Diploma/Degree/Post Graduate qualifications (Documents to be attached)

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Note: Certificate of registration as Medical Practitioner in Mauritius and Copy of Annual practising Certificate should be attached with application form.

10. Present employment

Post held:

Name of employer:

Date of employment:

11. Have you been the subject of an investigation/or been prosecuted before a court of law enquiry for any offence during the last 10 years?

Answer: Yes or No If yes, give details.

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12. Have you been retired in the interest of the public service or on medical grounds?

Answer: Yes or No If yes, give details.

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

Date:

Signature: