

REPUBLIC OF MAURITIUS
MINISTRY OF HEALTH AND WELLNESS

APPLICATION FORM

**Employment as Doctors at Specialist/Senior Specialist level in the field
of Radiology and Anaesthesia**

1. **POSITION APPLIED FOR (indicating the field of Speciality)**

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2. **PERSONAL DETAILS:**

Surname:
(in block letters)

Name:

Dr/Mr/Mrs/Miss:.....

Address:.....

.....

Date of Birth:.....

Post code:.....

Telephone Number

Home: Mobile: Office:

Email address:

3. **EDUCATIONAL QUALIFICATIONS:**

From	To	Type of school (i.e Grammar/Secondary)	Examinations taken and Qualification Gained (Specify Grades)

4. **FURTHER/HIGHER QUALIFICATIONS:**

From	To	Name of institution (state if full-or-Part Time)	Subjects taken and qualifications gained (Specify grades or Degree Class Obtained)

5. **MEMBERSHIP OR PROFESSIONAL ORGANISATIONS:**

Date joined	Institute/organisation	Grade of Membership (where appropriate)

6. **EXPERIENCE/EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	From:	Job title:	Final salary and reason leaving (if applicable)
	To:	Job Function/Responsibilities:	

7. **VERIFICATION OF INFORMATION**

I, certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature:..... Date:.....