



ANNA MEDICAL COLLEGE MAURITIUS

APPLICATION FOR **MBBS** ADMISSION

Affix your recent
passport size photo
and sign across

ALL SECTIONS OF THIS FORM MUST BE COMPLETED:

Use black/blue ballpoint pen only. Fill the form in CAPITAL LETTERS only.

Title (Tick) <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	First Name
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Surname	Gender (Tick) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth							
		d	d	m	m	y	y	y	y

Passport No.	Country of Issue & Citizenship	Passport expiry date							
		d	d	m	m	y	y	y	y

	Father	Mother	Guardian
Name			
Occupation			

Academic History (12th standard / HSC / A Levels) & Degree (if applicable)

Name of the qualifying examination	Name of the board / university & Country
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Percentage / Grade (All Subjects)							
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I declare that all information given in this application are true to the best of my knowledge. I agree to the condition that, if any information is found to be incorrect, my admission will automatically be cancelled

Signature of the Candidate

Date: