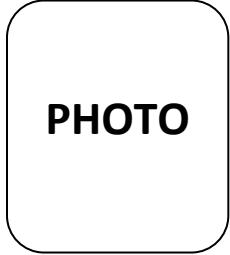


## FORM 1A

### APPLICATION FOR PRELIMINARY REGISTRATION AS A DENTIST/ MEDICAL DOCTOR/ PHARMACIST (INTERNSHIP LICENSE)



YEAR \_\_\_\_\_

**PHOTO**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Gender:

Male

Female

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National ID No: \_\_\_\_\_ Issuing Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Town: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

#### Academic Qualifications:

Degree/ Certificate Held: \_\_\_\_\_

Date Qualified: \_\_\_\_\_ Country: \_\_\_\_\_

School/College: \_\_\_\_\_

University/ Institute: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Internship Training Facility: \_\_\_\_\_

Tel No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Requirements

- (i) Copy of National ID/Passport
- (ii) Two (2) colored passport sized photo with Name and ID number indicated at the back.
- (iii) Certified copies of professional, academic certificates and Academic Transcripts.
- (iv) All Academic/ Professional and transcript certificates have to be authenticated from the relevant specialized authority. Any certificate in a language other than English will have to be accompanied with a translated version.
- (v) Evidence of completing Medical/Pharmacist or Dental training in an accredited University (Locally or regionally) The institution must appear in the list submitted by deans of Accredited National Medical/Dental Schools or other relevant and accredited institutions. If regional institution must have reciprocal recognition.
- (vi) Application & Registration fees (See the attached fees structure)
- (vii) All payments are **non-refundable** and should be made at the given **Bank details**. The original banking slip must be submitted together with the form.

**(COOPERATIVE BANK OF SOUTH SUDAN, JUBA BRANCH, AC NAME:  
SOUTH SUDAN GENERAL MEDICAL COUNCIL, AC#: 01126004358500)**

## Declaration:

I hereby certify that the above information is correct to the best of my knowledge and that I have met the above requirements.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## For Official Use:

### Verified by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommended by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**

**Not Approved**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_