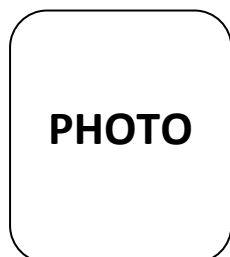

**APPLICATION FOR PRELIMINARY REGISTRATION AS A DENTIST/
MEDICAL DOCTOR/ PHARMACIST
(INTERNSHIP LICENSE)**



YEAR _____

1. Personal Information:

1.1. Surname: _____

1.2. First Name: _____ Other Names: _____

1.3. Gender: Male Female

1.4. Date of Birth: _____ Nationality: _____

1.5. National ID No: _____ Issuing Date: _____

1.6. Physical Address: _____

1.7. State of Origin: _____ County: _____ Town: _____

1.8. Phone No: _____ Email: _____

2. Academic Qualifications:

2.1. Degree/ Certificate Held: _____

2.2. Date Qualified: _____ Country: _____

2.3. School/College: _____

2.4. University/ Institute: _____

2.5. Physical Address: _____ Website: _____

2.6. Contact Phone: _____ Email: _____

2.7. Name of Internship Training Facility: _____

2.8. Tel No: _____ E-mail Address: _____

3. 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 MEDICCAL COUNCIL, AC#: 01126004358500)**

4. 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: _____

For Official Use:

Verified by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Recommended by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Approved

Not Approved

Name: _____ Designation: _____

Signature: _____ Date: _____