



ANNA MEDICAL COLLEGE MAURITIUS

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APPLICATION FOR MBBS

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

FILL ALL THE SECTIONS LEGIBLY ONLY WITH BLUE/BLACK BALL POINT PEN

Mr Miss Mrs First Name _____ Surname _____

Gender Male Female Marital Status Married Unmarried Date of Birth ____/____/____

Passport No _____ Country of Issue & Citizenship _____

Passport Expiry Date _____

	Father	Mother	Guardian
Name			
Occupation			

ACADEMIC HISTORY (+2 / 12TH STANDARD / HSC / A LEVELS) & DEGREE IF APPLICABLE

NAME OF THE QUALIFYING EXAMINATION	NAME OF THE BOARD / UNIVERSITY

PERCENTAGE / GRADE	PHYSICS	CHEMISTRY	BIOLOGY	MATHS	BOTANY	ZOOLOGY	OTHERS (PLEASE SPECIFY)

I declare that all information given in this application & accompanying enclosures are true to the best of my knowledge.
I agree to the condition that, if any information or statement is found to be incorrect, my admission will automatically be cancelled

Signature of Parent / Guardian

Date

Signature of Candidate

Date