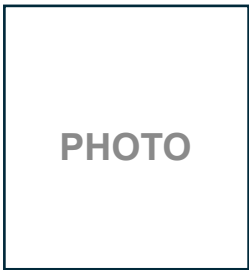




REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL

APPLICATION FOR PERMANENT REGISTRATION AS A MEDICAL OR DENTAL PRACTITIONER

YEAR: _____



- 1 Surname First Name
 Second Name.....
- 2 Date of Birth Nationality
 National ID Number/Passport Number:
- 3 Address:..... Town: Payam:.....
 County:..... State:
 Tel No:..... E-mail Address:
- 4 Degree, Diploma or Certificate held:.....
 Date Qualified:
- 5 Name of institution:
- Contact details:..... Website Of Institution
 Tel No:..... E-mail Address:

6 Name of Internship Training Facility, Tel No and E-mail Address and Period(s) of Internship:

	Training Facility	Tel No	E-mail Address	Period of Internship
1				From: To:.....
2				From: To:.....
3				From: To:.....
4				From: To:.....

5				From:
				To:.....
6				From:
				To:.....

7 Particulars and testimonials covering the period(s) of experience. **Please list and provide/attach all supporting evidence. Only certified true copies must be provided/attached:**

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8 Name of Current Employer:

.....

Address:..... Town:..... Payam:.....

County:..... State:

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

Requirements

- (i) Copy of National ID/Passport
- (ii) Four(4) colored passport sized photo with Name and Id number indicated at the back.
- (iii) Certified copies of professional ,academic certificates and Academic Transcripts.
All Academic/Proffesional 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.
- (iv) Evidence of passing Board’s pre-registration examination (for all foreign trained)
- (v) The institution must appear in the list submitted by deans of Accredited National Medical/Dental Schools or other relevant and accredited institutions
- (iv) Appropriately filled, stamped and signed Internship Completion Assessment Form
- (v) Evidence of registration from partner States’ Medical Boards and Councils (for those with foreign qualifications and internship training)
- (vi) Application fees of SSP (South Sudanese Pounds).
- (vii) All payments are **non-refundable** and should be made at the given **Bank details**. Evidence of payment must be submitted together with the form.

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

PREPARED BY:

Name:

APPROVED

NOT APPROVED

Designation:

Signature:

Date:

Name:

RECOMMENDED BY:

Name:

Designation:

Designation:

Signature:

Signature:

Date:

Date: