



REPUBLIC OF SOUTH SUDAN

SOUTH SUDAN GENERAL MEDICAL COUNCIL

APPLICATION FOR PEER REVIEW

FORM 7

YEAR: _____

1 Surname _____ Other Names _____

Reg. Number _____

2 Date of Birth _____ Nationality _____

3 Address _____ Code _____ Town _____

Tel No: _____ E-mail Address: _____

5 Degree, Diploma or Licence held (give name of medical school and date qualified – if degree not in English, provide official translation) .(Certified True Copies must be provided)

Degree /Licence _____

Diploma/ Licence _____

Name of Medical School _____

Date Qualified: _____

6 Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*

7 Testimonials covering the period(s) of experience. *Please list and attach all supporting evidence*

8 Have any arrangements been made regarding employment? (*if so, give details*)

(Note: All fields are mandatory)

Requirements

- (i) Copy of National ID/Passport
- (ii) Colored passport sized photo
- (iii) Certified copies of professional and academic certificates
- (iv) Copy of current CV
- (v) Evidence of postgraduate qualifications
- (vi) Certificate of status (good standing)
- (vii) Certificate of status from current regulatory authority
- (viii) Specialist recognition (if any) from current medical council
- (ix) Application fees of SSP _____ (South Sudanese Pounds).
- (x) Peer review / evaluation fees of SSP _____ (South Sudanese Pounds).
- (xi) 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

Signature of applicant _____ Date: _____

FOR OFFICIAL USE

PREPARED BY:

APPROVED

NOT APPROVED

Name: _____
 Designation: _____
 Signature: _____
 Date: _____

Name: _____
 Designation: _____
 Signature: _____
 Date: _____

RECOMMENDED BY:

Name: _____
 Designation: _____
 Signature: _____
 Date: _____