



**REPUBLIC OF SOUTH SUDAN**  
**SOUTH SUDAN GENERAL MEDICAL COUNCIL**

**YEARLY RETENTION**

**FORM 8**

(All fields are mandatory. Cancel where not applicable)

1. Surname.....Other Names.....Reg.No.....

2. Date of Birth.....Nationality.....

3. Address.....Code.....Town.....

County.....Tel No.....Mobile No.....

Email.....

4. 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) .....

5. Degree Licence..... Diploma Licence.....

Name of Medical School.....

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:

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

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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: .....

<b>FOR OFFICIAL USE</b>			
<p>PREPARED BY:</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>PREPARED BY:</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%; padding: 5px;"> <p>APPROVED</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 10px auto;"></div> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </td> <td style="text-align: center; width: 50%; padding: 5px;"> <p>NOT APPROVED</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 10px auto;"></div> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </td> </tr> </table>	<p>APPROVED</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 10px auto;"></div> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>NOT APPROVED</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 10px auto;"></div> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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