



REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
GENERAL MEDICAL COUNCIL PROVISIONAL ORDER, 2014

Application For Internship Qualifying Examination For Foreign
Trained Doctors/Dentists/Pharmacists.

1. Surname
- First Names Second Name
2. Date of Birth Nationality
3. Address Code Town.....
- Mobile Tel
4. Email
5. Degree, Diploma ,Certificate or License

.....

Institution

Country/State.....

Date of Graduation

Requirements

- (i) Copy of ID/Passport
- (ii) Four (4) Coloured pass port size photo
- (iii) Certified copies of professional and Academic certificates
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.
- (iv) Curriculum Vitae
- (v) Qualification;
- (vi) Evidence of appropriate linguistic skills in English.

- (vii) Authentication by Minister of Higher Education Science and Technology (MoHEST) confirming recognition of the medical/dental school (if foreign trained)
- (ix) Application fee SSP
- (x) Examination/Evaluation of qualification papers SSP

Signature Date

FOR OFFICIAL USE: PREPARED BY: -

Name:

Designation

Signature

Date

CHECKED BY: -

Name:

Designation

Signature

Date

APPROVED/NOT APPROVED

Name:

Designation

Signature

Date