



REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
APPLICATION FOR PROVISIONAL LICENCE FOR FOREIGN
DOCTORS

(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 (provide official translation).....
5. Name of medical/dental/Pharmacy school
Dates 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.....
8. Name of employer..... Address.....
Code.....Email.....Tel No.....
9. Is this New Application or Renewal?Licence No.....
.....Duration: From..... To:

Mandatory Requirements

- i. Copy of ID/Passport
- ii. 4 Current coloured pass port size photos
- iii. Certified copies of professional certificates and transcripts
- iv. Certificate of Status and certificate of pass of the special GMC (SS) examinations.
- v. IELTS certificate (exemption: British, USA ,Australian, Canadian, New Zealand Medical graduates)
- vi. Introduction letter/job offer from the institution
- vii. Copy of registration certificate and Status of Registration from respective medical Council
- viii. Copy of current/last practice licence
- ix. Copy of current CV
- x. Licence fee
- xi. All payments should be made to the SSGMC given official bank account

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicantDate.....

FOR OFFICIAL USE:

This process takes a maximum of two(2) weeks.

PREPARED BY:

Name:.....

Designation.....

Signature.....

Date.....

CHECKED BY:

Name:.....

Designation.....

Signature.....

Date.....

APPROVED/NOT APPROVED

Specialty/Sub-Specialty

Name.....

Designation.....

Signature.....

Date.....