

Obsv.



THE RWANDA MEDICAL AND DENTAL COUNCIL
(LAW N° 44/2012 of 14/01/2013)
APPLICATION FOR OBSERVERSHIP

1. Names:
2. Date of Birth :..... Nationality :
3. ID No./Passport No :
4. Address :
5. Email :
6. Degree, Diploma or Licence held(official translation if necessary) qualified.....
7. Name of Undergraduate medical/dental school : Email :
8. Name of Postgraduate Medical school : Email :
10. Professional Category:
11. Name of employer/organization (Observership) Address.....
Email..... Tel.....

Requirements:

1. Application form
2. Copy of ID/Passport
3. Colored passport size photo
4. Certified copy of University Degree or Degree Equivalence
5. Certified copies of Academic transcripts
6. Current CV
7. Indexing certificate
8. Medical fitness certificate
9. Certificate of Good standing/ status
10. Current License to Practice
11. Recommendation letter from Hosting institution
12. Proof of payment of application fees of 30,000 FRW paid to the RMDC account No. 00040-0282401-67 in Bank of Kigali.

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 applicantDate.....

Obsv.

FOR RMDC OFFICE USE:

<p>RECEIVED BY: -</p> <p>Name:.....Position.....</p> <p>Signature.....Date.....</p> <p>CHECKED BY: -</p> <p>Name:.....Position.....</p> <p>Signature.....Date.....</p>	<p>APPROVED/NOT APPROVED</p> <p>Name.....</p> <p>Position.....</p> <p>Signature.....</p> <p>Date.....</p>
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