



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

1. Names .....
2. Date of Birth.....
3. Nationality..... ID/Passport.....
4. Address..... Tel.....
5. Email.....
6. Degree (MD or BDS, or Mmed): .....

**Requirements (To be attached)**

1. Application Form for Council Qualifying Examinations;
2. Copy of ID/Passport;
3. Colored passport size photo;
4. Certified copy of degree;
5. Certified Academic transcripts;
6. Indexing number;
7. Current CV;
8. Evidence of payment of Examination fees of 50,000Frw for Rwandan and EAC Partner states and 100USD for Foreigners paid at RMDC's account **No 00040-0282401-67 for FRW & 00040-0282400-66 for USD in Bank of Kigali (BK).**
9. Health fitness certificate or Medical Report
10. Criminal records report of the last 5 years

Signature of applicant ..... Date.....

**FOR OFFICIAL USE:**

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