



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

APPLICATION FORM FOR INDEXING

1. PERSONAL INFORMATION

Family Name:
Given Name:
ID or Passport N°
Date of Birth (DD/MM/YY):.....
Gender (Male or Female) :.....
Nationality:
Father's Name/Guardian:.....
Mother's Name/ Guardian:.....
Single: Married: Widow: Divorced:

2. ADDRESS

Country:..... City/Province:.....District:.....
Sector:..... Cell:..... Village:.....
Email:
Tel:

3. TRAINING / EDUCATION

Name of School O'Level:Country:.....
Starting Date:..... End date:.....
Name of the High School (A' Level) :Combination/Option
(Section):.....Starting Date:.....End date:.....
Grade Level : A, B, C, D, E, S, F

- Biology:
- Chemistry:
- Mathematics:.....
- Physics:

Name of University (admission):Country

Admission Number
Program enrolled in:.....

Date of enrolment in the first Year:.....
Degree/Diploma to be awarded:

4. REQUIREMENTS (Documents to be attached)

- a) Notarized copy of Rwanda Advanced Certificate
- b) REB Equivalence for candidates with foreign qualifications
- c) Copy of ID for Rwandans or Passport for foreigners
- d) Two coloured passport size photos,
- e) Criminal clearance record/Police clearance,
- f) Copy of University Admission letter
- g) Evidence of payment of non-refundable application fees of 5,000 Rwf paid at RMDC bank account Number 040-0282401-67/RW in BK.
- h) Legal support documents in case names on ID/Passport are different from any other official document (Where applicable)

Applicant's Signature: Date.....

5. FOR SECRETARIAT USE ONLY

<i>Received by:</i>	<i>Checked by:</i>	<i>Approved/ Not approved:</i>
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
<i>Name:</i>	<i>Name:</i>	<i>Name:</i>
<i>Position:</i>	<i>Position:</i>	<i>Position:</i>
<i>Signature:</i>	<i>Signature:</i>	<i>Signature:</i>