



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.....
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. Academic transcripts or Evidence of internship;
7. Internship completion certificate;
8. Indexing certificate;
9. Degree Equivalence;
10. Current CV;
11. High School Certificate;
12. 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).**
13. Health fitness certificate;
14. Certificate of status;

Signature of applicantDate.....

FOR OFFICIAL USE:

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