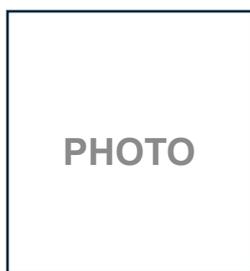




REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
GENERAL MEDICAL COUNCIL PROVISIONAL ORDER, 2014

Registration As A Medical/ Dental/ Pharmacy Student



**TO BE COMPLETED BY THE STUDENT UPON ENTRY
INTO A MEDICAL/DENTAL/PHARMACY SCHOOL.**

1: PERSONAL DETAILS

Surname First Name

Middle Name

ID OR Passport No

Country of issue Postal address

Code Town County

SSS CERTIFICATE OR Any Other Grade

Mobile No Email Address

Date of Birth (DD/MM/YYYY)

Gender: Male Female Nationality:

Previous Training institution if any.....

Name of University Postal Address

Postal Code Town

Tel. Number Email

Country

Admission Number

Date of enrollment (DD/MM/YYYY) Year of Study

Course Type: Medicine, Dentistry, Pharmacy

Degree to be awarded

SIGNATURE: DATE:

2: REQUIREMENTS

- a) Certified copy of the certificate/ result slip or its equivalent
- b) Certified copy of birth certificate and ID or passport
- c) Two colored passport size photos
- d) Registration fee SSP