INTERNATIONAL INSTITUTE OF MEDICINE AND MANAGEMENT STUDIES (IIMMS) LTD
Beau Plateau Road, Goodlands, Mauritius
Email: admissioniimms@gmail.com
Contact No: +230 57 62 57 63 / Website: www.iimms.org

APPLICATION FORM – MBBS PROGRAM

(This application form is designed in accordance with the regulatory requirements of the Republic of Mauritius, including the Higher Education Commission (HEC), the Medical Council of Mauritius (MCM), and relevant government authorities.)

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1. Personal Details

- **Full Name (as per Passport):** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Gender:** ☐ Male ☐ Female
- **Nationality:** _____
- **Passport Number:** _____
  Date of Issue: _____ **Date of Expiry**: _____
- **Country of Issue:** _____
- **Marital Status:** ☐ Single ☐ Married ☐ Other

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2. Contact Information

- **Residential Address (Current):**
  _____
  _____
- **City / Town:** _____
- **Country:** _____
- **Postal Code:** _____
- **Mobile / WhatsApp Number (with country code):** _____
- **Email Address:** _____

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3. Parent / Guardian Contact Details

- **Name:** _____
- **Relationship to Applicant:** _____
- **Telephone Number:** _____
- **Email Address:** _____
- **Residential Address:** _____

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4. Academic Qualifications (As per HEC Requirements)

Secondary Education (Class 10 / O-Level or Equivalent)

- **Name of Institution:** _____
- **Country:** _____
- **Years Attended:** From _____to _____
- **Year of Completion:** _____
- **Result / Percentage / Grade:** _____

Higher Education (Class 12 / A-Level / IB /Equivalent)

- **Name of Institution:** _____
- **Country:** _____
- **Years Attended:** From _____to _____
- **Year of Completion:** _____
- **Subject Studied:**
  ☐ Mathematics ☐ Physics ☐ Chemistry ☐ Biology
  ☐ Other (specify): _____
  Year of Completion: _____

Subject Results (Attach certified copies)

Subject	Examination Board	Grade / Marks
Biology		
Chemistry		
Physics		
Mathematics		
English		
Others (specify)		

Overall Percentage / GPA: _____

Note: Minimum eligibility normally includes Biology and Chemistry at A-Level or equivalent, in line with HEC and MCM guidelines.

5. Entrance Examination Details (Where Applicable)

Have you appeared for NEET (India) or other Recognized Entrance Examination:

☐ Yes ☐ No

- **Roll / Registration Number:** _____
- **Year:** _____
- **Score / Percentile:** _____

(Submission of NEET or equivalent may be required for certain categories of students as per Medical Council of Mauritius and country-of-origin regulations.)

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6. Program Applied For

- **Program Name:** Bachelor of Medicine & Bachelor of Surgery (MBBS)
- **Duration:** 5 Years + 1 Year Internship (subject to MCM approval)
- **Intake Applied For:** ☐ January ☐ July

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7. Medical Fitness & Immunisation Declaration

Do you suffer from any medical condition that may affect your studies or clinical training?

☐ No

☐ Yes (If yes, please specify below and attach a Medical Fitness Certificate issued by a registered medical practitioner)

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8. Police Character Certificate

☐ I confirm that I will submit a valid Police Character Certificate from my country of residence and/or nationality prior to enrolment, as required in Mauritius.

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9. Statement of Purpose

Briefly explain your motivation for studying MBBS in Mauritius and your future career plans:

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10. International Students Section (Non-Mauritian Applicants)

(This section must be completed by all international students. Admission is subject to approval by relevant Mauritian authorities.)

A. Immigration & Visa Requirements

- **Country of Residence:** _____
- **Current Visa Status (if already in Mauritius):** _____
- **Have you previously studied in Mauritius?** ☐ Yes ☐ No
    - If yes, specify institution and duration: _____

I understand that upon receiving a Letter of Offer, I am required to apply for a **Student Visa / Residence Permit** through the **Passport and Immigration Office (PIO), Mauritius**, with the assistance of the institution.

☐ Yes, I acknowledge and agree

B. Academic Equivalence & Regulatory Approval

- **Country where qualification was obtained:** _____
- **Name of Awarding Body / Examination Board:** _____

I understand that my admission is subject to:

- Academic equivalence as per **HEC guidelines**
- Compliance with **Medical Council of Mauritius (MCM)** requirements

☐ Yes, I acknowledge and agree

C. Financial Undertaking

I confirm that I am financially capable of meeting: - Tuition fees - Accommodation and living expenses - Health insurance and medical expenses - Travel and visa-related costs

☐ Self-sponsored

☐ Sponsored (attach sponsorship letter if applicable)

D. Health Insurance

☐ I will obtain and maintain valid **health insurance coverage in Mauritius** for the full duration of the MBBS program, as required for international students.

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11. Documents Checklist (Mandatory for Mauritius)

☐ Completed application form

☐ Copy of Passport (bio-data page)

☐ Birth Certificate

☐ Class of 10 Certificates

☐ Class of 12 Certificates

☐ Equivalence Letter (if applicable)

☐ Entrance Examination Result (NEET or equivalent, if required)

☐ Two recent Passport-size Photographs

☐ Medical Fitness Certificate

☐ Police Character Certificate

☐ Health Insurance Proof (International students)

☐ Any other supporting documents: _____

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11. Declaration by Applicant

I hereby declare that the information provided is **true** and **complete**.

I understand that

- admission is subject to approval by the **Higher Education Commission (HEC)** regulations
- eligibility for clinical training and future registration is subject to compliance with the **Medical Council of Mauritius (MCM)** requirements.
- any false or misleading information may result in **rejection of my application or cancellation of admission** at any stage. I further understand that admission does not guarantee registration with any foreign medical council outside Mauritius.

- **Applicant's Signature:** _____
- **Date:** _____

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12. Declaration by Parent / Guardian of Applicant

I confirm that I am aware of the applicant's intention to pursue medical studies at IIMMS in Mauritius and agree to support the student financially and ethically during the course.

Name: _____

Signature: _____

Date: _____

For Office Use Only

- **Application Number:** _____
- **Date Received:** _____
- **Eligibility as per HEC:** ☐ Yes ☐ No
- **MCM Compliance:** ☐Yes ☐No
- **Documents Verified:** ☐ Yes ☐ No
- **Decision:** ☐ Accepted ☐ Rejected ☐ Waitlisted
- **Remarks:** _____
- **Authorized Signature:** _____
- **Date:** _____