



Form 53 MDB

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION AS A
STUDENT - (MEDICINE)

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail.
553 Madiba Street, Arcadia, Pretoria 0083

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

FOR OFFICE USE ONLY

To be duly completed by the student.

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) Surname: Maiden name (if applicable): First names: Identity No.: Postal address: Postal code: Residential address: Postal code: Tel (H): (W): Cell: Fax: Email:

Bank Details: HPCSA Bank: ABSA Branch: Arcadia Branch code: 334945 Acc. No. 0610000169

\* Marital Status: Divorced Married Single Gender: Male Female \* Race: Asian African Coloured White Country of origin:

hereby apply to register as a student in (kindly indicate profession) SIGNATURE: Date: 20

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION: 1. Registration fee of R239.00. Please attach a copy of the proof of payment. 2. A copy of my identity document or birth certificate. 3. A copy of my marriage certificate (should you wish to register in your married surname). 4. An additional fee of R97.00 in respect of each month or part of a month which my application is submitted later than two months after date of registration with the University.

C. TO BE COMPLETED BY THE TRAINING INSTITUTION Certificate of having commenced study as a student, issued by: indicating that he/she enrolled on (day) (month) (year) in the (first, second, etc.) year of study. I consider him/her to be a competent and fit person to practice as a

SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT DATE ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.