

VETERINARY AND PARA-VETERINARY PRACTITIONERS ACT
(CHAPTER 53:04)

APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON

(To be filled in Triplicate)

To: The Secretary
 Board of Veterinary Surgeons
 P.O. Box 2096
 Lilongwe
 MALAWI

1. Full Name of Applicant: _____
2. Address: _____
3. Place and date of birth: _____
4. Nationality: _____
5. National identity document¹
(document type, number,
expiry date): _____
6. Tertiary Qualifications²
(including dates and
locations; must include
veterinary medicine
degree): _____
7. Recent *Curriculum Vitae*: Attach a copy of your recent CV.
8. Signature of Applicant: _____
9. Date: _____

I, the above named applicant, hereby apply for registration as a Veterinary Surgeon in Malawi and submit herewith all required documents.

¹ Certified copies must be supplied with this application.

² Certified copies must be supplied with this application. Original certificates must be available for inspection.