

VETERINARY SURGEONS ACT

(CHAPTER 53:04)

APPLICATION FOR A VETERINARY PRIVATE PRACTICE LICENCE

(To be filled in Triplicate)

TO : The Chairman
Board of Surgery
P.O. Box 2096
LILONGWE

1. Name of Applicant.....
2. Address.....
3. Place and date of birth.....
4. Nationality.....
5. Registration No. and date.....
6. Particulars of experience (e.g. posts held and types of practice in which the applicant has been engaged and countries in which the applicant has practiced or newly qualified graduates etc)
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7. Do you propose to practice on your own behalf (self) or to be employed whole-time, part-time by a private practitioner (give details)

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8. What type of practice do you propose to engage in:
Small animal clinical practice only or general. Please specify

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9. Place of practice (give details of district, town, city or municipality and plot number)

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Signature of Applicant

DATE.....