

FIRST SCHEDULE

FORM A
SECTION III

Persons qualified to practice Medicine and Surgery

NAME	POSTAL ADDRESS	NATURE OF QUALIFICATION	DATE OF QUALIFICATION	DATE OF REGISTRATI (For Official Use Only)

FORM B
SECTION II

I, _____ residing at _____

do hereby declare that I am a member _____
(or as the case may be)

(here state the College, Faculty or Society)

and was authorized by such _____
(here state the College, faculty or Society which gave the authority)

on the _____ day of _____ 19____ to practice surgery _____

_____ as appears on my _____

(here specify the diploma, certificate or other document evidencing such authority)

now produce and show to the undersigned Justice of the Peace/Notary Public.

SIGNED: _____
(Applicant)

Declared before me, this _____ day of _____ 19____

Signed: _____
Justice of the Peace/Notary Public