





APPLICATION FORM FOR BURSARY TO STUDY MEDICINE IN CUBA - 2024

The information required on this Application Form must be furnished in full. Failure to do so may jeopardise the applicant's chances of obtaining a bursary. Certfied copies of all documents as outlined on Page 5 should be attached.

NB: APPLICANTS MUST BE PREPARED TO UNDERGO SCREENING FOR CHRONIC DISEASES

FILL IN THIS APPLICATION FORM IN CLEAR BLOCK LETT ERS AND MARK WITH AN (X) WHERE NECESSARY

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A: PERSONAL INFORMATION													
TITLE: Mr.	Mrs.	Miss	Other										
SURNAME:													
NAMES (S):													
RACE: African Coloured Indian White Other													
GENDER: Male Female													
DATE OF BIRTH:													
ID NO.:													
AGE:	DISABILITY:	Yes	No										
If YES, please specicify													
E-MAIL ADDRESS:													
MOBILE NUMBER:													
TELEPHONE NUMBER:													
RESIDENTIAL ADDRESS:													
POSTAL ADDRESS:													
MUNICIPALITY:													
DISTRICT:				WARD NO.:									







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B:	B: FAMILY BACKGROUND																		
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Year Obtained:							Nam	e of th	ne Sch	nool:														
Province:																								
Municipality:																								
Town:																								
LIST ALL YOUR GRADE 12 LEARNING AREAS OR SUBJECTS. THOSE WITH SYMBOLS MUST CONVERT THEM AS PER CONVERSION TABLE AND INSERT THEM IN THE SCORE COLUMN:																								
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1.									,							STANDARD GRADE								
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3.												В			6			5						
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F: CONTA	CTABLE R	REFEREN	ICES (F	Please F	Provid	e Two)											
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NAME:																		
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G: DECLA	RATION																	
I certify that the information given above is true and correct and that I have read and understood the conditions governing the granting of bursary loans in the event of a bursary loan awarded to me.																		
I also undertake to abide by the rules and regulations of the Programme and also undertake to complete the duration of the MBCHB Course.																		
I am prepared to enter into a contracual agreement with the Department of Health to serve back the number of years sponsored in a facility determined by the Department.																		
SIGNATURE O	F APPLICA	ANT										Date:						
SIGNATURE O	F PARENT	or GUA	RDIAN	(if mind	or)							Date	<i>:</i>					
FOR OFFICE U	SE ONLY																	
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Head of Depart	ment (or l	Jesignee	;)									Date	:					







RETURNING THE BURSARY APPLICATION FORM

The following documents must accompany your bursary application form

- · Letter of Application
- Certified copies of your ID and Birth Certificate. NB. Students must not be older than 28 years by 31st December 2024
- Certified copy of your Matric/Grade 12 Certificate
- · Recent Salary Advice/Payslip of parent or guardian
- If parent or guardian is unemployed please submit an affidavit
- · Proof of residence from your local municipality or local Traditional Leader/Chief

SHORTLISTED CANDIDATES WILL BE REQUIRED:

- 1. To Submit A Valid Passport.
- 2. To Submit Ten (10) 4x5 cm ID photos
- 3. To Submit A Police Clearance Certificate indicating a Negative Criminal Record
- 4. To undergo medical screening at health facilities prescribed by the Department of Health

RETURN YOUR APPLICATION BY HAND TO THE FOLLOWING ADDRESSES OR TO YOUR NEAREST HOSPITAL:

EHLANZENI DISTRICT

PHYSICAL ADDRESS

66 Anderson Street Hoxani Sub-District Offices:

Mbombela Hoxani Multi-purpose Community Centre, Mkhuhlu

R536 Kruger Road

ENQUIRIES: Justice Ravhura @ Tel. 013 755 5161 **ENQUIRIES:** Linky Khoza @ 013 708 0046

GERT SIBANDE DISTRICT

PHYSICAL ADDRESS

39 Jan van Riebeeck Street

Ermelo

ENQUIRIES: Sydwell Gwebu @ Tel. 017 811 1642

NKANGALA DISTRICT

PHYSICAL ADDRESS

Piet Koornhof Building

Emalahleni

ENQUIRIES: Halifax Aphane @ Tel. 013 656 6255

CLOSING DATE: 10 MAY 2024 AT 16:00

FOR ALL OTHER ENQUIRIES CONTACT ROBERT KHOZA/MARIE MHLABANE @ 013 766 3165 / 3372