Application Form for Entry for Examination in terms of the Veterinary Surgeons (Local Examinations) Regulations, 1980 & (Amendments) (Nos. 2 & 3) (1993 & 2002 respectively)

1) NAME IN FULL: (Block letters, surname underlined)

GENDER: ..............................................................
NATIONALITY: ..................................................
COUNTRY OF BIRTH: ..........................................
DATE OF BIRTH: ................................................
(Certified copy of original birth certificate to be attached)
ADDRESS: ................................................................
Contact No.: .................................................. Email: ....................................................

2) QUALIFICATIONS HELD:
   a) Undergraduate training:
      (Certified copy of original degree certificate and university transcript to be enclosed)
      University or College: ........................................ Country: ..........................
      (in full)

      Length of Study: ..........................................
      Date of Commencement: ..................................
      Date of Graduation: .......................................
      Subjects Studied:
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      ................................................................
      ................................................................
      ................................................................

Council of Veterinary Surgeons of Zimbabwe
P O Box CY 1000
Causeway
Harare
Zimbabwe

Mobile: +263 775 471 642/713 668 583
E-mail: registrarcvsz@gmail.com

All communications should be addressed to: The Registrar
Qualification obtained: (Give full title and recognized abbreviation)

b) Postgraduate training:
(Certified copy of original Degree Certificate to be enclosed)

University or College: ................................................. Country .................... (in full)

Subjects Studied:

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Title of Thesis Submitted (if any):

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Qualification Obtained: (Give full title and recognized abbreviation)

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Date Obtained: .................................................................

3) Are you, or have you at any time been registered with a Veterinary Statutory Body in any country or state? Yes/No.................................................

If YES, give name and address of the registration authority and date of registration.

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Have you at any time been banned from practicing or refused permission to practice veterinary surgery in any country or state? Yes/No ..............................

If YES, give particulars, including reasons for the ban.

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Give particulars of practice in veterinary surgery and/or appointments held since graduation, with dates.

CERTIFICATION: I certify the foregoing to be true:

Signature: ........................................... Date: ...........................................

This application must be accompanied by:

a) Proof of payment of examination fee of US$600.00 (six hundred US dollars).
b) Certified copy of original Birth Certificate.
c) Certified copy of original Degree Certificate.
d) Certified copy of original University transcript.
e) Letter of Good Professional Standing from country of most recent employment.

Please Note:

1. All certificates should be in the English language or should be accompanied by a certified translation.
2. The registration examination will be held in the last week of February
3. The deadline for registration is 31st December
4. The examination format will be made available to a registered candidate upon request from the Registrar.

Payment of the examination fee should be made into the following account:
Council of Veterinary Surgeons of Zimbabwe
CABS Arundel Village, Harare, Zimbabwe
Account No. 1002774454

ALL FORMS AND DOCUMENTS SHOULD BE SENT TO THE REGISTRAR.