



Council of Veterinary Surgeons of Zimbabwe

P O Box CY 1000
Causeway
Harare
Zimbabwe

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: +263 735 393 918/864 410 9886
E-mail : registrarcvsz@gmail.com

All communications should be addressed to: **The Registrar**

**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)

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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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.....
.....



Qualification obtained: (Give full title and recognized abbreviation)

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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.

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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.

