

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL



MINISTRY OF HEALTH
P.O. Box 16115, Kampala
Block 5. Plot 442 Kafeero Zone road
Off Mawanda road – Mulago Hill
Tel: +256-200-904427
E-mail: registrar@umdpc.com
Website: www.umdpc.com

ATTACH
RECENT
COLOURED
PASSPORT SIZE
PHOTOGRAPH

APPLICATION FORM FOR PROVISIONAL REGISTRATION

1. Surname: Other names:
2. Date of birth: Sex:
3. Marital status: Nationality:
4. Present Ugandan address:
5. National Identification Number (NIN):
- b) Passport Number (*Non Ugandans*):
6. Telephone No.....E-mail.....
7. Medical/Dental Qualifications, Year attained & institution.

COUNTRY	UNIVERSITY	AWARD	DURATION	YEAR OF COMPLETION

8. Understanding of spoken/written English: (tick one)

Excellent Good Fair None

Other languages:

NOTE: Please attach the following:

- I. Clear photocopy of University Identity Card
- II. Clear photocopy of University transcript, Degree Certificate
- III. Clear photocopy of national Identity Card or Passport (for Non-Ugandans)

Declaration:

I, the undersigned, do hereby certify that under the Medical and Dental Practitioners' Statute of 1996 of the Laws of Uganda, the responses given by me to all the above questions, are true, and correct.

Signature: Applicant

Date:

Approved Registrar

Date

Bank Details

Account Name: Uganda Medical and Dental Practitioners Council

Account No: 9030005784785 (Shillings)

8702010712600 (Dollars)

Bank: Stanbic Bank (Shillings account)

Standard Chartered Bank (Dollar account)

Branch: Forest Mall

Speke Road

Payments: Ugandans: 50,000/=

Non – Ugandans: \$100

*NOTE: Any branch can receive the payments