

# UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL



P.O. Box 16115, Kampala  
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Off Mawanda road – Mulago Hill  
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ATTACH  
RECENT  
COLOURED  
PASSPORT SIZE  
PHOTOGRAPH

## APPLICATION FORM FOR REGISTRATION

### PART I: INFORMATION ABOUT THE APPLICANT

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. Understanding of spoken/written English: (tick one)
- Excellent       Good       Fair       None
- Other languages: .....
8. Intended Employer .....
- Address: Postal: ..... Telephone: .....
- Email: .....

### 9. Reason for application

- Full Registration     Specialist Registration     Temporary Registration (Non-Ugandans)
- Medical Licensure Examination (Foreign trained Nationals)

### PART II: UNIVERSITY EDUCATION

10. Medical/Dental Qualifications, Year attained & institution.

COUNTRY	UNIVERSITY	AWARD	DURATION	YEAR OF COMPLETION

**PART III: INTERNSHIP TRAINING**

COUNTRY	HOSPITAL	FIELD	DURATION

**PART IV: SPECIALISATION**

COUNTRY	INSTITUTION	SPECIALISATION	DURATION	AWARD

**PART V: EMPLOYMENT RECORD**

EMPLOYER	DURATION	NATURE OF PRACTICE

**NOTE:** Please attach the following:

- I. Original copies of signed Internship completion forms.
- II. Notarised/certified copies of University transcript and Degree Certificate
- III. Notarised/certified copies of Registration Certificate where appropriate
- IV. Notarised copies of marriage certificates for female doctors using husband's name
- V. Detailed curriculum vitae
- VI. Clear coloured passport size photograph

**For non-Ugandans**

- I. Certificate of Good Standing
- II. 3 letters from Professional referees
- III. Letter confirming employment in Uganda
- IV. Letter from Interpol

**PART V: 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: .....

Date: .....

**OFFICIAL USE ONLY:**

Decision taken: .....

Qualifications: .....

Reason if not approved: .....

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

**Bank Details**

**Account Name:** Uganda Medical and Dental Practitioners Council (UMDPC)

**Account No:** 9030005784785 (Shillings)

8702010712600 (Dollars)

**Bank:** Stanbic Bank (Shillings account)

Standard Chartered Bank (Dollar account)

**Branch:** Forest Mall

Speke Road

**Full Registration:** 100,000/=

**Specialists:** 200,000=

**Temporary Registration:** Public Sector - \$200

Private Sector/NGO: \$400