

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