

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 FOR CERTIFICATE OF GOOD STANDING

Surname: First names:

Telephone No.....E-mail.....

Nationality: Sex:

National Identification Number:

Passport Number (*Non-Ugandans*):

Tax Identification Number (TIN):

Current Address

Medical/Dental Qualifications

.....

Destination:

Purpose:

Duration of Stay:

NOTE: Attach a copy of the current Annual Practicing Licence/Temporary registration.

Signature: Applicant Date:

Approved Registrar Date

Bank Details

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

Account No: 9030005784785

Bank: Stanbic Bank

Branch: Forest Mall

Payments: 100,000/=

***Note: Any Stanbic Bank Branch can receive the Payments**