

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 RENEWAL OF TEMPORARY REGISTRATION

1. Surname:
2. First names:
3. Telephone no..... Email.....
4. Passport Number:
5. Current Ugandan Employer
6. Current Postal Address
7. Current Position
8. Employment Date: From..... To
9. Qualifications, Institution, country & year
.....
.....
10. Area of specialisation, if any.....
11. Current employer.....
Postal Address.....

NOTE: Please attach a copy of your last Temporary Registration Certificate and current Annual Practicing Licence.

Signature: Date:

Approved Registrar Date

Bank Details

Account Name: Uganda Medical and Dental Practitioners Council

Account No: 8702010712600

Bank: Standard Chartered Bank

Branch: Speke Road

Payments: Public Sector: \$100

Private Sector/NGOs: \$200

***NOTE:** Any branch can receive the payments