



**UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL  
MINISTRY OF HEALTH**

P.O. Box 16115,  
Plot 6, Lourdel Rd., Wandegaya,  
Kampala, Uganda.  
Tel: +256-414-345844  
E-mail: registrar@umdpc.com

*Please Quote: MDC/C3/14*

Date:

The Registrar  
Uganda Medical & Dental Practitioners Council, MOH

Dear Sir,

**RE: .....CLINIC.**

The above mentioned health facility is regulated by the Uganda Medical and Dental Practitioners Council established by an act of parliament, Chapter 272 of 1996. Its located in .....

owned by.....and offering the following services:

1. ....
2. ....
3. ....
4. ....

I have a valid Annual Practicing License and have attained the mandatory 3 years of experience to supervise the health facility. This therefore serves to inform you of my commitment to supervising the health facility in compliance to the UMDPC act and other related legislation from .....to.....

Yours faithfully,

Signature.....

Name.....Qualification.....

REG NO..... APL SERIAL NO.....