

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
Website: www.umdpc.com

VERIFICATION OF DOCUMENTS FOR FULL REGISTRATION

Sn	Documents Presented	Available	Comments
1.	Duly filled and signed application form		
2.	Recent coloured passport size photograph		
3.	Clear certified copy of University Degree Certificate		
4.	Clear certified copy of University degree transcript		
5.	Clear photocopy of Provisional Registration Certificate		
6.	Duly signed original internship completion forms in General Medicine, Paediatrics, General Surgery, Gynaecology and Obstetrics or Dentistry		
7.	Curriculum vitae		
8.	Registration fees of 100,000=		

Records Verification

Accounts Verification

Registrar Approval

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Bank Details

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

Account No: 9030005784785

Bank: Stanbic Bank

Branch: Forest Mall

Note that any Stanbic Bank Branch can receive the Payments