



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MINISTRY OF HEALTH

P.O. Box 16115,

Kampala, Uganda.

Tel/Fax: +25 6-41-345844

E-mail: registrar@umdpc.com

VERIFICATION OF DOCUMENTS FOR FULL REGISTRATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Copy of University Transcript		
2.	Copy of Provisional Registration Certificate		
3.	Duly signed Original Internship Completion Forms		
4.	Copy of University Identity card		
5.	Copy of University Degree certificate		
6.	Duly filled application forms		
7.	Curriculum Vitae		
8.	Registration fees (100,000/=)		

Received by..... Verified by..... Approved by.....

Name..... Name..... Name.....
(Reg. Officer) (Accountant) (Registrar)