



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 HEALTH UNIT REGISTRATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Duly filled application form endorsed by local authority		
2.	Doctors commitment letter		
3.	Doctors Annual Practicing Letter.		
4.	Number of Clinics under Drs Supervision		
5.	Registration fees		

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

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