



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MINISTRY OF HEALTH

P.O. Box 16115,

Kampala, Uganda.

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E-mail: registrar@umdpc.com

VERIFICATION OF DOCUMENTS FOR PROVISIONAL REGISTRATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Duly filled and signed application form		
2.	Copy of University Transcript		
3.	Copy of University Identity card		
4.	Copy of University degree certificate		
5.	Recent passport size photographs		
6.	Application fees (50,000/=)		

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

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