



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 RENEWAL OF TEMPORARY REGISTRATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Evidence confirming intended employer/place of work		
2.	Dully filled application forms		
3.	Two (2) recent Passport size photographs		
4.	Previous copy of temporary registration		
5.	Evidence of payment upon approval		
6.	Applicants should documents at least three (3) months in advance, in order to allow for timely processing of the request.		
7.	Registration fees		

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

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

Payments: Non Ugandans in **Public Sector** - \$200 Renewal - \$100

Non Ugandans in **Private Sector/NGO** - \$400 Renewal - \$200

Bank Details

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

Account No: 8702010712600

Bank: Standard Chartered

Branch: Speke Road