



APPLICATION FORM

1. INFORMATION ABOUT APPLICANT

1. Surname.....
2. First names:
3. Telephone No.....Fax.....
e.g (+256)
Alternate Telephone
e.g (+256.....)
E-mail:
4. Nationality:
5. Sex:
6. Date, Month and Year of birth.....
7. Marital Status (single/married/divorced/widowed) (tick)
8. Current Ugandan employer:
9. Present Ugandan Permanent Postal address:
.....
.....
.....
10. Understanding of spoken/written English: (tick one)
 1. Excellent
 2. Good
 3. Fair
 4. None
11. Other languages.....

**ATTACH
RECENT
COLOURED
PASSPORT
SIZE
PHOTOGRAPH**

- Note:** (i) Attach two clear passport size own latest photographs
- (ii) In case of married female doctors who are using husband's Names, attach Certified/Notarised copies of Marriage Certificate.
- (iii) Attach detailed curriculum vitae.

II. REASONS FOR APPLICATION

12. **Category of Registration applied for: (tick one)**
- Provisional registration
 - Full registration
 - Specialist registration.
 - **Temporary registration (for non-Ugandans).**
(For temporary registration pay in United States dollars onto Account No. 8702010712600 in Standard Chartered Bank – Speke road Branch under Account names Uganda Medical & Dental Practitioners Council)

13. **Purpose**

14. **Employment commencing on.....**

15. **Intended Ugandan Employer.....**

16. **Postal Address of Ugandan Employer.....**

17. **Ugandan Employer**
Telephone No.....Fax.....
E-Mail.....

III. UNIVERSITY EDUCATION

18. Universities attended for medical or dental education

COUNTRY	UNIVERSITY	AWARD TITLE	DURATION OF TRAINING	YEAR OF AWARD

19. Field of specialisation, if any.....
Note: Certified/Notarised copies of above award, Academic transcripts and Course content Should be attached.

21. Internship training

COUNTRY	HOSPITAL	FIELD	DURATION

Note: Attach evidence that internship was done.

22. Are you a registered medical/dental practitioner?

Yes **No**

Note: Attach Certified/Notarised copy of your current registration Certificate with the Council, Board or equivalent medical/dental Regulatory body of a country where you are currently practising or where you have been practising previously in the immediate past years.

IV. EMPLOYMENT RECORD

Evidence of practice for the last five years.

Name of Employer	Duration (from__to__)	Nature of practice

23. Do you have a certificate of Good Standing in medical or dental practice issued by a Council, Board of equivalent medical/dental regulatory body of the country where you are currently practising or where you have been practising in the immediate past years.

Yes

No

Note: Attach a copy of a certificate of Good Standing.

V. DECLARATION

I, the undersigned, do hereby certify that under the Medical And Dental Practitioners' Statute of 1996 of the Laws of Uganda, the responses given by me to all the above questions, are true, and correct.

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Name

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Signature

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Date

FOR OFFICIAL USE ONLY

Decision taken:

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Degree:

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Reason if not accepted

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DATE **REGISTRAR**.....