

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL,

P. O. BOX 16115, KAMPALA TEL: 256 414 345844

E-mail: registrar@umdpc.com

Website : www.umdpc.com



APPLICATION FOR CERTIFICATE OF GOOD STANDING

FULL NAMES

SEX

QUALIFICATIONS

CURRENT ADDRESS

*DESTINATION

*PURPOSE

DATE OF TRAVEL

*DURATION OF STAY

NB: Please attach a copy of this year's Annual Practising License.

SIGNATURE DATE

APPROVAL..... DATE

CGS 2015

Payments: Certificate of Good Standing – 100,000/=

Bank Details

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

Account No: 9030005784785

Bank: Stanbic Bank

Branch: Forest Mall

Note that any Stanbic Bank Branch can receive the Payments