



**UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL**

**MINISTRY OF HEALTH**  
P.O. Box 16115, Kampala  
Block 5. Plot 442, Kafeero Zone road,  
Off Mawanda road – Mulago Hill  
Tel: +256-414-345844  
E-mail: [registrar@umdpc.com](mailto:registrar@umdpc.com)  
Website: [www.umdpc.com](http://www.umdpc.com)

*Please Quote: MDC/C3/14*

Date:

The Registrar  
Uganda Medical & Dental Practitioners Council, MOH

Dear Sir,

**RE: .....CLINIC.**

The above mentioned health facility is regulated by the Uganda Medical and Dental Practitioners Council established by an act of parliament, Chapter 272 of 1996. It's located in

.....  
.....,

owned by.....and offering the following services:

1. ....
2. ....
3. ....
4. ....

I have a valid Annual Practicing License and have attained the mandatory 3 years of experience to supervise the health facility. This therefore serves to inform you of my commitment to supervising the health facility in compliance to the UMDPC act and other related legislation from .....to.....

Yours faithfully,

Signature.....

Name.....Qualification.....

REG NO..... APL SERIAL NO.....