



**APPLICATION FORM**

**1. INFORMATION ABOUT APPLICANT**

**ATTACH  
PHOTO**

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.....

- 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**

13. **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)*

14. **Purpose .....**  
 .....

15. **Employment commencing on.....**  
 .....

16. **Intended Ugandan Employer.....**  
 .....

17. **Postal Address of Ugandan Employer.....**  
 .....

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

**III. UNIVERSITY EDUCATION**

**19. Universities attended for medical or dental education**

COUNTRY	UNIVERSITY	AWARD TITLE	DURATION OF TRAINING	YEAR OF AWARD

**20. 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**

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**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.

.....  
Name

.....  
Signature

.....  
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**.....