

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 FORM FOR RENEWAL OF TEMPORARY REGISTRATION



1. Surname:
2. First names:
3. Telephone no..... Fax no.....
e.g (+256.....)
4. E-mail.....
5. Current Ugandan Employer
6. Current Postal Address
7. Current Position
8. Employment Date
From..... To
9. Qualifications, Institution, country & year
.....
.....
.....
10. Area of specialisation, if any.....
11. Current employment:
1= Full-time Private 2= Part-time Private 3= Full-time Government/NGO
12. Current employer.....
Postal Address.....
District.....

NOTE: Please attach a copy of your last Temporary Registration Certificate and Annual Practicing Licence.

Signature:

Date:

Approved/Registrar Date

TRF 2015

Payments: Non Ugandans in **Public Sector** - \$200 Renewal - \$100
Non Ugandans in **Private Sector/NGO** - \$400 Renewal - \$200
Account Name: Uganda Medical and Dental Practitioners Council (UMDPC)
Account No: 8702010712600
Bank: Standard Chartered - **Branch:** Speke Road