

# 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)  
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**ATTACH  
RECENT  
COLOURED  
PASSPORT SIZE  
PHOTOGRAPH**

## APPLICATION FORM FOR RENEWAL OF TEMPORARY REGISTRATION

1. Surname: .....
2. First names: .....
3. Telephone no..... Email.....
4. Passport Number: .....
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 employer.....  
Postal Address.....

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

Signature: ..... Date: .....

Approved ..... Registrar Date .....

### **Bank Details**

**Account Name:** Uganda Medical and Dental Practitioners Council

**Account No:** 8702010712600

**Bank:** Standard Chartered Bank

**Branch:** Speke Road

**Payments:** Public Sector: \$100

Private Sector/NGOs: \$200

**\*NOTE:** Any branch can receive the payments