

**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: +256-200-904427  
E-mail: [registrar@umdpc.go.ug](mailto:registrar@umdpc.go.ug)  
Website: [www.umdpc.go.ug](http://www.umdpc.go.ug)

**ATTACH  
RECENT  
COLOURED  
PASSPORT SIZE  
PHOTOGRAPH**

**APPLICATION FOR CERTIFICATE OF GOOD STANDING**

Surname: ..... First names: .....

Telephone No.....E-mail.....

Nationality: ..... Sex: .....

National Identification Number: .....

Passport Number (*Non-Ugandans*): .....

Tax Identification Number (TIN): .....

Current Address .....

Medical/Dental Qualifications  
.....

Destination: .....

Purpose: .....

Duration of Stay: .....

**NOTE:** Attach a copy of the current Annual Practicing Licence/Temporary registration.

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

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

**Bank Details**

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

**Account No:** 9030005784785

**Bank:** Stanbic Bank

**Branch:** Forest Mall

**Payments:** 100,000/=

**\*Note: Any Stanbic Bank Branch can receive the Payments**