

MEDICAL COUNCIL OF TANGANYIKA

(Communications to be addressed to THE REGISTRAR)

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Office of the Registrar
P. O. Box 9083
DAR ES SALAAM
TANZANIA

APPLICATION FOR FULL REGISTRATION

(To be completed by temporary or provisionally registered persons who have been on such registration for a period of not less than two years after internship)

PART I

(To be completed by the Applicant)

1. NAMES:
Last Name.....

First Name.....

Middle Names.....
2. Address
.....
Tel. No.....
3. Date of Birth.....
4. Nationality.....
5. Qualification..... Year.....
6. University/College.....
7. Provisional Registration:
Year..... Registration Number.....
8. Name and Address of Current Employer (if self employed please state)
.....
.....
Duty Station.....

I hereby apply for full registration with the Medical Council of Tanganyika.

.....
Signature of Applicant

.....
Date

PART II

If your answer is YES to any of the following questions, attach statement giving full details:-

- 1. Were you ever been dismissed or placed on academic probation or subject to serious disciplinary actions by any institutions or Medical schools?
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- 2. Have you ever been convicted of criminal offence (other than traffic violation) or sentenced in a court martial?
.....
- 3. Have you ever been barred or suspended from the practice of medicine or dentistry for improper professional conduct?
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This form is to be submitted with the following:-

- (a) Certified copy of qualifying diploma/degree.
- (b) Certificate of Good Standing or Letter of recommendation from the RMO/DMO/Head of Institution of Practice.
- (c) Certified copy of internship certificate.
- (d) Certified copy of registration (provisional) certificate.
- (e) Copy of Temporary Registration
- (f) Curriculum Vitae.
- (g) One passport size photograph.
- (h) A non-refundable application fee of Tshs. 40,000/= payable to Medical Council of Tanganyika, Account Number **2041100008**, National Microfinance Bank (NMB) Kariakoo Branch.

Note: Documents which are not in English Language must be interpreted by a recognized authority and attached to the documents of the original language.

NOTES

- 1. Please notify our office of change of address
- 2. The information contained in this application will be used for the purposes of processing your application and will form the basis of your registration records.
- 3. All decisions by the Council will be taken in good faith on the basis of the statement made on your application form. If it is discovered that an applicant has made a false statement or has omitted significant information on the application, the Council may withdraw or amend its offer according to the circumstances.

PART III

I hereby certify that the information I have given is complete and accurate. I have read and understood **Note 3** above regarding consequences of false statements and omissions.

.....
Signature of Applicant

.....
Date