

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 TEMPORARY REGISTRATION

(To be completed by provisionally registered persons who have completed internship)

PART I

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.....

Hospital of Internship.....
8. Name and Address of Current Employer (if self employed please state)

.....

Duty Station.....

I hereby apply for Temporary 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?.....

This form is to be submitted with the following:-

- (a) Certified copy of qualifying diploma/degree.
- (b) Copy of Letter of engagement or appointment for clinical practice.
- (c) Certified copy of internship certificate.
- (d) Certified copy of registration (provisional) certificate.
- (e) Curriculum Vitae.
- (f) One passport size photograph.
- (g) A non-refundable application fee of Tshs. 30,000/= payable to Medical Council of Tanganyika, Account Number No. **2041100008**, National Microfinance Bank(NMB),
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

PART IV

(FOR OFFICIAL USE ONLY)

DECISION:

This application has been approved/rejected for the following reasons:-

.....

.....
Signature of Registrar

.....
Date