



MEDICAL COUNCIL OF TANGANYIKA

Guiding the profession, Protecting the public
(Communications to be addressed to THE REGISTRAR)

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APPLICATION FOR RETENTION IN THE REGISTER, 2014

(To be filled by Medical Doctors, Dental Doctors Assistant Medical and Dental Officers, Foreign Doctors/Dentists)

PART I

(All fields are mandatory)

1. NAMES:
Last Name.....
First Name.....
Middle Names.....
2. Address
- Cel. No.....E-mail
- Name of employer
3. Date of Birth..... Nationality.....
4. Basic Qualifications registered
- University
- Registration No. Year.
- Registering Authority: Date.
5. Additional Qualifications registered with MCT (M.Med, M.Dent, MPH, MSc. PhD, etc).
 - (i) College
 - Qualification Year.....
 - (ii) College
 - Qualification Year.....
 - (iii) College
 - Qualification Year.....
 - (iv) College
 - Qualification Year.....

CERTIFICATION

I hereby certify that the above information is true and correct to the best of my own knowledge.

.....
Signature of Applicant

.....
Date

This form is to be submitted with the following:-

- a) Copy of Full Registration or Temporary Registration or Licence
- b) Curriculum Vitae
- c) For Tanzanians, a non-refundable application fee of Tshs.20,000/- payable to Medical Council of Tanganyika, Account Number **2041100008**, National Microfinance Bank (NMB) Kariakoo Branch.
- d) For None Tanzanians, a non-refundable application fee of USD. 150/- payable to Medical Council of Tanganyika, Account Number **100 – 8686 – 005**, Twiga Bankcorp Ltd, Dar es Salaam.

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 retention in the register 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 reject the application.

PART II

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 III

(FOR OFFICIAL USE ONLY)

DECISION:

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

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Signature of Registrar

.....
Date