

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 RECOGNITION OF ADDITIONAL QUALIFICATIONS

(To be filled by Practitioner holding Specialist/Sub Specialist Qualifications)

PART I

(To be completed by the Applicant)

1. NAMES:
Last Name.....

First Name.....

Middle Names.....
2. Address
- Tel. No.....
- E-mail
- Duty Station
3. Date of Birth.....
4. Nationality.....
5. Basic Qualifications already registered
- Registration No. Year.
- Registering Authority: Date.
6. Additional Qualifications already registered
- Registering Authority
7. Additional Qualifications applied for
- Awarding University/College Date
8. Referees:
(i)
- (ii)

.....
Signature of Applicant

.....
Date

This form is to be submitted with the following:-

- (a) Certified copy of postgraduate qualification and other official transcript
- (b) Certified copy of Full Registration or Temporary Registration
- (c) Curriculum Vitae
- (d) A non-refundable application fee of Tshs.15,000/- 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 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