

MEDICAL COUNCIL OF TANGANYIKA
(Communications to be Addressed to THE REGISTRAR)

Tel. 255-022-2120261-7 Ext. 308
Fax: 255-022-2139951

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

APPLICATION FOR TEMPORARY REGISTRATION

(Under S. 35A of the Medical Practitioners and Dentists Ordinance, Cap. 409 of the Laws of Tanzania)

PART I

(To be completed by the Applicant)

1. NAMES:
Last Name:.....
First Name:.....
Other Names:
2. Date of Birth:
3. Nationality:
4. ADDRESS:
 1. Permanent:
 2. Temporary
 3. Tel. No.
 4. Employer in Tanzania.....
5. Qualification:
6. Awarding Authority/University.....
.....
.....
7. Year of award.....

I hereby apply for Temporary registration with the Medical Council of Tanganyika

.....
Signature of Applicant

.....
Date

**PART II
STATUTORY DECLARATION**

I,.....
Do solemnly swear/affirm as follows:-

1. That I attended training and attained the qualification stated hereunder.

Training Institution	Course pursued	Duration of training	Qualification attained

2. That I have worked in the following places for more than three years since qualifying.

No.	Name of Institution	Address
1.		
2.		
3.		
4.		
5.		

3. That the attached **certified copies** of documents relating to my training (degree, certificate, diploma, etc) are true copies of the original.

1.	
2.	
3.	
4.	
5.	

4. That,
- (a) I have never been barred from practicing my profession on the ground of professional misconduct.
 - (b) My name has never been removed from any register of members of my profession kept in accordance with the laws of countries or states in which I have practiced my profession, and
 - (c) No inquiry is pending which may result in the disciplinary action being taken against me.
5. And I solemnly make this declaration, conscientiously believing the same to be true and I am aware that false statement may lead to legal action taken against me.

.....
Signature of Applicant

.....
Date

This form is to be submitted with the following:-

1. A copy of qualifying diploma/degree.
2. One passport size photograph.
3. Certificate of registration from the registering authority of the last jurisdiction of practice.
4. Certificate of Good Standing from the registering authority of the last jurisdiction of practice.
5. Curriculum Vitae.
6. Certified copy of passport.
7. A non refundable fee of US\$ 300/=

*Note: i. Documents which are not in English Language must be interpreted by a recognized authority and attached to the documents of the original language.
ii. An allowance of three months must be assumed to process the application.*

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