

Telephone: General Lines: 0393290327
Registrar's Office 256-041-251862
Fax: 256-041-231572



Uganda Nurses and Midwives Council
Ministry of Health
P. O. Box 4046
Kampala
Uganda

REQUEST FOR TEMPORARY REGISTRATION

Names in full (Block letters).....

Sex.....Date of birth.....

Nationality.....

PERMENENT HOME ADDRESS

Village or Location.....

County.....

State/District.....

Country.....

Postal address.....

Qualification.....

Date obtained.....Training Institution.....

Fees paid: US\$100.

I declare that the information given in this form is true to the best of my knowledge.

Yours faithfully,

Signature..... Date.....

OFFICIAL USE ONLY

Cadre.....

Valid from..... Valid to.....