

Telephone: General Lines: +256 (0) 393 290 327  
Registrar's Office 256-041-251862  
Fax: 256-041-231572  
Email: [unmcouncil@yahoo.com](mailto:unmcouncil@yahoo.com) | [info@unmc.ug](mailto:info@unmc.ug)



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

**To The Registrar**

Dear Sir,

**APPLICATION FOR REGISTRATION TO PRACTICE**

Please accept this as my application for registration with the UNMC in accordance with the Uganda Nurses and Midwives Act, 1996, Part V, Section 24 Clause (i, ii).

1. Midwife ( )    3. Comprehensive Nurse ( )    5. Paediatric Nurse ( )    7. BSc Nurse ( )  
2. Nurse ( )    4. Mental Health Nurse ( )    6. Public Health Nurse ( )    8. Health Tutor ( )

**PLEASE PRINT CLEARLY AS THESE DETAILS ARE USED TO PREPARE YOUR CERTIFICATE OF REGISTRATION (USE BLOCK LETTERS)**

Names, which do not appear on your birth and school certificates and initials, should not be used.

Surname ..... Other names .....

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

Village..... Parish..... County.....

District..... Country.....

Tel.No..... Permanent Postal Address.....

Next of Kin..... Contact .....

Training School..... Qualification.....

Date of Commencement of Training..... Number of attempt at final exam.....

Date of Qualification..... Index No..... Examination No.....

[**Extensors only:** - Previous qualifications and certificate numbers .....

.....

..... License Number .....

Fees paid: UGX. 150,000/= (Non-Ugandans US\$200).

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

Yours faithfully,

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

Your certificate will be available for collection after 2 months. Please collect in person with your receipt and your training school ID or examination card.

**OFFICIAL USE ONLY**

Registration Number.....Date.....

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

**To The Registrar**

Dear Sir,

**APPLICATION FOR ENROLMENT TO PRACTICE**

Please accept this as my application for enrolment with the UNMC in accordance with the Uganda Nurses and Midwives Act, 1996, Part V, Section 24 Clause (i, ii).

- 1. Midwife ( )
- 2. Nurse ( )
- 3. Comprehensive Nurse ( )
- 4. Mental Health Nurse ( )

**PLEASE PRINT CLEARLY AS THESE DETAILS ARE USED TO PREPARE YOUR CERTIFICATE OF ENROLMENT (USE BLOCK LETTERS)**

NB Names, which do not appear on your birth and school certificates and initials, should not be used.

Surname ..... Other names .....

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

Village..... Parish..... County.....

District..... Country.....

Tel.No..... Permanent Postal Address.....

Next of Kin..... Contact .....

Training School..... Qualification.....

Date of Commencement of Training..... Number of attempt at final exam.....

Date of Qualification..... Index No..... Examination No.....

[**Extensors only**: - Previous qualifications and certificate numbers .....

..... License Number .....]

Fees paid: UGX. 120,000/= (Non-Ugandans US\$200).

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

Yours faithfully,

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

Your certificate will be available for collection after 2 months. Please collect in person with your receipt and your school ID or examination card.

**OFFICIAL USE ONLY**

Enrolment Number.....Date.....