

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

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APPLICATION FOR REGISTRATION AS A FOREIGN MEDICAL/DENTAL STUDENT

1. PARTICULARS OF APPLICANT

TITLE: [] MR [] MRS [] MISS [] MS

SEX: [] MALE [] FEMALE

SURNAME:

FORENAMES:

DATE OF BIRTH D D M M Y Y [][][][][][]

PLACE OF BIRTH COUNTRY NATIONALITY

MARITAL STATUS: [] SINGLE [] MARRIED [] OTHER

(STATE).....

RESIDENTIAL ADDRESS

.....

CELL NO. TEL (HOME)

EMAIL ADDRESS

I.D. NUMBER

2. PROGRAMME DETAILS

DEGREE/PROGRAMME BEING UNDERTAKEN

NAME OF TRAINING INSTITUTION

.....
.....
DATE OF COMMENCEMENT.....

DATE OF COMPLETION

3. REGISTRATION REQUIREMENTS

- COPY OF OFFER LETTER FROM THE INSTITUTION OF TRAINING.
- CERTIFIED COPY OF BIRTH CERTIFICATE
- CERTIFIED COPY OF NATIONAL ID
- CERTIFIED COPY OF O’LEVEL CERTIFICATE
- CERTIFIED COPY OF A’LEVEL CERTIFICATE WITH 3 A’LEVEL PASSES IN SCIENCE SUBJECTS (CHEMISTRY AND ANY TWO OF BIOLOGY, MATHS, PHYSICS) OR EQUIVALENT OR A RELEVANT DEGREE APPROVED BY COUNCIL).
- 2 PASSPORT SIZE PHOTOS
- APPLICATION FEE OF US 50.00

NB: REGISTRATION AS A STUDENT DOES NOT ENTITLE YOU TO PRACTICE AS AN INTERN.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

DATE.....

SIGNATURE.....

FOR OFFICAL USE ONLY

RECIEVED (AMOUNT) RECEIPT NO..... DATE.....

.....

REGISTRATION NO:.....

DATE..... SIGNATURE.....