

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

Harare Office:
8 Harvey Brown
Milton Park
P.O Box CY 810, Causeway
Cell: 0712 879 646
Tel: (04) 792195/793709/793707
Email: mdpcz@mdpcz.co.zw
Website: www.mdpcz.co.zw



Bulawayo Office:
2 Robertson Street
Parkview
Tel: (09) 72237/8
Cell: 0777 884 162
Email: mdpcz@mdpcz.co.zw
Website: www.mdpcz.co.zw

APPLICATION FOR REGISTRATION AS A 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.....

.....

DATE OF COMMENCEMENT

.....

DATE OF COMPLETION

.....

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

DATE.....

SIGNATURE.....

3. HEAD OF TRAINING

NAME

POSITION.....

SIGNATURE.....

4. 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
- 2 PASSPORT SIZE PHOTOS
- APPLICATION FEE OF US 50.00

FOR OFFICAL USE ONLY

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

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REGISTRATION NO:.....

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