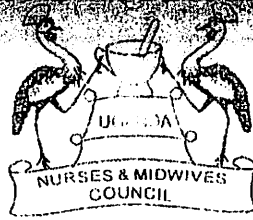


Telephone: General Lines: 340874/231563/9
Registrar's Office 256-041-251862
Fax: 256-041-231572



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

IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO:UNMC/115

VERIFICATION OF REGISTRATION

SECTION A

To be completed by applicant

Surname:

Maiden Name:

Other names:

Registration No:

Date of Registration:.....

Expiry date of current Registration:

Country:

SECTION B

To be completed by the Registrar/Chief Executive of the Registration Authority.

I hereby certify that the above named Nurse/Midwife has completed her/his Registration details correctly, this is currently valid/not valid. It is further certified that no disciplinary proceedings are pending or contemplated against the above named person.

The programme which led to the Registration/Enrolment was completed at

.....

The language of instruction and examination was:

Type of Registration granted (Title):

Registrar's Name: Date:

Signature:

Registration Authority:

.....

Seal ¹

¹ Return the completed form directly to Uganda Nurses and Midwives Council