

(電話)
Telephone: General Lines: 340874/231563/9
(登録管理用番号)
Registrar's Office 256-041-251862
Fax: 256-041-231572



(ウガンダ看護師・保健師協会)
Uganda Nurses and Midwives Council
Ministry of Health (保健省)
P. O. Box 4046 (赤十字街 4042号)
Kampala (カバール市)
Uganda (ウガンダ)

(手印係り連絡用番号: UNMC/115)
IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO:UNMC/115

記入例

青字印分: 記入例
赤字印分: 和訳

* 申請者 (派遣される方) が
本人が記入

VERIFICATION OF REGISTRATION

(訳: 免許登録簿に係る確認書類)

SECTION A

To be completed by applicant (訳: 申請者本人が記入すること)

Surname: YAMADA
(姓)

Maiden Name: _____
(旧姓: 現在の姓と証明書の姓が異なる場合、記入)

Other names: HANAKO
(名)

Registration No: 123456
(登録番号)

Date of Registration: 01/04/1999
(免許発行日: DD/MM/YEARの順)

Expiry date of current Registration: N/A (permanent)
(免許有効期限)

Country: JAPAN
(免許取得国)

SECTION B

* 免許の
認定機関
が記入

To be completed by the Registrar/Chief Executive of the Registration Authority.
(訳: 認定機関の長が本印分を記入する)

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.
(訳: 上記の看護師/保健師が記載した情報は正しく、現在有効であることを認めます。更に、上記の者に対し、いかなる懲戒措置も取られておらず、認定を中止することを認めません。)

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

KOKUSAI Nursing College
(卒業看護大学/学校名)

The language of instruction and examination was: Japanese
(上記学校での学習言語)

Type of Registration granted (Title): Nurse (Registered)
(資格の種類)

Registrar's Name: Taro KOKUSAI, Director Date: 01/08/2014
(認定者名及び肩書) (本書類の記入日, DD/MM/YEARの順)

Signature: (印) 関 太郎 or Taro Kokusai
(署名)

(認定機関名)
Registration Authority: Health Policy Bureau, Ministry of Health, Labour and Welfare

Seal ¹
(機関の英語版スタンプの押印)

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