



MEDICAL PRACTITIONERS AND DENTISTS ACT, 1987

No 17 OF 1987

MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION AND MISCELLANEOUS FEES)
REGULATIONS, 1988

APPLICATION FOR REGISTRATON

To: THE REGISTRAR,
MEDICAL COUNCIL OF MALAWI, P.O. BOX 30787, CAPITAL CITY, LILONGWE 3

1. Full names of the applicant: Dr./Mr./Mrs./Miss _____

2. Date of Birth _____
3. Marital status: single [], married [], widowed [], divorced [], other [] _____

4. Address of the applicant _____

Telephone No. _____ Cell No. . _____ Email _____
5. Nationality of applicant _____

6. Profession in respect of which the application for registration is made _____

7. Application for registration on the register of _____

I the above-named applicant hereby apply for registration on the afore-mentioned register and submit herewith-

*(a) the prescribed application fee of K _____

*(b) the prescribed registration fee of K _____

*(c) the following documents in support of my application _____

Date _____

Signature of applicant

[*Note 1. Fee must be payable by cash or direct deposit made in favour of the Medical Council of Malawi.

2. Application fee is not refundable, but registration fee shall be refundable where application for Registration has not been accepted.]



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STATUTORY DECLARATION

I, do solemnly and declare as follows:

1. That I am the holder of the following degrees, diplomas or certificates granted to me after examination by a university, college, medical or dental school, or other examining authority, and that the courses of study in the professional subjects with respect to which the degrees, diplomas or certificates which I hold were granted covered the following periods----

University, College, medical or dental school or other institution	Period		Degree, Diploma or Certificate	Examining Authority
	From	To		
1.....				
2.....				
3.....				
4.....				

2. That I have completed the following additional courses of training and had the following experience in the practice of my profession, namely-----

Description of Training or Experience	Period	
	From	To
.....		
.....		
.....		
.....		

3. That I would, so far as professional qualifications are concerned, be entitled to practice my profession in the country, state or territory in which my professional qualifications were granted.

4. That ----

- (a) I have never been debarred from practicing my profession on the grounds of professional misconduct;
- (b) my name has never been removed from any register or members of my profession kept in accordance with the laws of any country or state in which I have practiced my profession; and
- (c) no inquiry is pending which may result in an action being taken which is referred to in subparagraph (a) Or (b).

And I make this solemn declaration conscientiously believing the same to be true

Signature

DECLARED at this day of 20.....

Before me

.....
Signature of Attesting Authority

.....
Capacity of Attesting Authority (e.g. Notary Public, Commissioner for Oaths, etc.

NOTE: This declaration, if made

- (a) in Malawi , must be made under the Oaths, Affirmations and Declarations Act (Cap. 4:07);
- (b) in any other Country under any law for the time being in force to take or receive an oath, an affirmation or a declaration;
- (c) in any other place, must be made before a British Council or vice-consul or before any person having authority under any Act of Parliament of the United Kingdom for the time being in force to take or receive an oath, an affirmation or a declaration.