



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
Email: medcom@medcommw.org, E-Diary : www.medcomcpd.org

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

2. Date of Birth _____
3. Marital status: single [☐], married [☐], widowed [☐], divorced [☐], other [☐] _____
Gender: Male [☐], Female [☐] Previous MCM registration number _____
4. Address of the applicant _____

5. Telephone No. _____ Cell No. _____ Email _____
Nationality of applicant: Malawian, Yes [☐], No [☐] If no, please specify the country of origin, and attach the following documents; certified copy of professional certificates, evidence of current registration, Curriculum Vitae, Certificate of goodstanding, two passport sized photos

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, certificate ☐ [browse], diploma ☐ [browse]
Degree ☐ [browse], masters ☐ [browse], PhD ☐ [browse], COGS ☐ [browse]
Curriculum Vitae ☐ [browse], evidence of current registration certificate ☐ [browse]
Two passport sized photo ☐ [browse]

Date _____

Signature of applicant

- [*Note 1. Fee must be payable by cash or direct deposit made in favour of the Medical Council of Malawi. Account Name, Medical Council of Malawi, National Bank, Capital City Branch, Current Account number 1040669, swift code NBMAMWMW007.
2. Application fee is not refundable. Registration fee shall be refundable if application for registration has not been accepted .



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 conscient

iously believing the same to be true

Signature

DECLARED at this day of 20.....

Before me

.....
Signature of Attesting Authority
.....

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.

FOR OFFICIAL USE ONLY

DOCUMENT CHECKLIST (Tick where applicable)

| REQUIRED DOCUMENT | DATE SUBMITTED | RECEIVED BY | COMMENT |
|--|----------------|-------------|---------|
| Application in writing | | | |
| Application Form | | | |
| Notorised Statutory Declaration form | | | |
| Copy of academic qualifications | | | |
| Copy of professional qualifications | | | |
| Copy of National ID | | | |
| Copy of current registration certificate | | | |
| Certificate of Good Standing | | | |
| CV | | | |
| Two passport size photographs | | | |
| Relevant payment (GR#) | | | |

Received by:

Receptionist

Checked by:.....

Registry Clerk

Verified by:.....

Registration Officer

ASSESSMENT REPORTS CHECKLIST (Tick where applicable)

NAME OF HOSPITAL:

| DEPARTMENT | DATE SUBMITTED | RECEIVED BY (INITIAL) | COMMENTS |
|-----------------------------|----------------|-----------------------|----------|
| COVER LETTER/REFERENCE | | | |
| Male & Female medical wards | | | |
| OPD (Adult) | | | |
| OPD (Ufive) | | | |
| Casualty & Orthopedics | | | |
| Health Centre Management | | | |
| Children's/ Paediatrics | | | |
| Obstetrics & Gynaecology | | | |
| Surgery | | | |
| Medicine | | | |
| Paediatrics | | | |
| Dental | | | |
| Eye/ Ophthalmology | | | |
| Musculoskeletal | | | |
| Burns | | | |
| Cardiorespiratory | | | |
| Neurology | | | |
| Orthopaedics | | | |
| Oncology | | | |
| Other (specify) | | | |

Note: Practitioners who have repeated a rotation should submit both initial and remedial assessment forms

Received by:.....

Registry Clerk

Checked by:.....

Registration Officer