



REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
NEW APPLICATION FOR PRIVATE PRACTICE LICENCE (FORM 17)

(All fields are mandatory. Cancel where not applicable)

1. SurnameOther Names.....
2. Reg. No.....
3. Date of Birth.....Nationality.....
4. Address.....Code.....Town.....County.....Mobile.....
Email.....
5. Particulars of experience (e.g. posts held and types of practice in which the applicant has been engaged and countries in which the applicant has practiced)
Medicine
Surgery
Paediatrics
Obstetrics & Gynaecology
Others
6. Name of Authorized premises.....
7. Notification for any changes of name, address and/or authorized premises
.....
8. Do you propose to practice on your own or to be employed full-time or part-time by a Private Practitioner (give details).....
9. What type of practice do you purpose to engage in? Specialist or General Practice? If specialist, specify discipline.
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Requirements:

- 1) Letter of no objection from employer; Schedule of duties should be provided for Part-time practice.
- 2) Letter of clearance from the Ministry
- 3) Incase of New Premises, Inspection Report should be attached.
- 4) Fees

South Sudanese

A fee of 15 00 SSP is payable annually for Specialist Practice

A fee of 1000 SSP is payable annually for General Practice

A fee of 1200 SSP is payable annually for Part-time Practice (Specialist)

Non. nationals

A fee of 6000 USD is payable annually for Specialist Practice

A fee of 3,000 USD is payable annually for General Practice

A fee of 3,000 USD is payable annually for Part-time Practice (Specialist)

*All payments should be made to the SSGMC given official Bank Accounts

I hereby certify that the above information is correct to the best of my knowledge.

Signature of applicantDate.....

FOR OFFICIAL USE

PREPARED BY:

Name:.....

Designation.....

Signature.....

Date.....

RECOMMENDED BY: -

Name:.....

Designation.....

Signature.....

Date.....

APPROVED/NOT APPROVED

Name.....

Designation.....

Signature.....

Date.....