



REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
APPLICATION FOR CERTIFICATE OF REGISTRATION STATUS

SECTION A: PERSONAL DETAILS

1. Surname.....Other Names.....Reg.No.....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....
Tel/Mobile.....
4. Email.....
5. Reasons for Certificate of status.....
6. Intended county/Country of stay/study/practice.....
Institution.....Period.....
7. If certificate is for travel, when are you expected back into the country.....

SECTION B: REFEREE

I Dr./Prof. (Names in full).....
(indicate Full Names as they appear in the Register)

Reg. No.....P O Box.....

Telephone/Mobile.....Email.....

Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with
the said Dr.....Reg. No./Licence No.....

For the past.....years; and further declare that during this time he/she: -

- i. Has been engaged in Medical/Dental/Pharmacy practice.
- ii. Has conducted himself/herself well professionally and in a responsible manner.
- iii. His/her character and conduct have been.....
- iv. Reasons for certificate of status.....

Date..... Signed.....

SECTION C: REQUIREMENTS

- i. A recommendation by a registered practitioner of good status (in section B above)
- ii. Attach a copy of current retention certificate/private practice licence/temporary licence for foreign practitioners
- iii. Evidence that the practitioner is not under any investigation by the GMC
- iv. All payments should be made to the GMC (SS) official bank account.

I hereby certify that the above information is correct to the best of my knowledge and that I have met all the requirements.

Signature of Applicant.....Date

FOR OFFICIAL USE

The process takes a maximum of two (2) weeks.

PREPARED BY:

Name:.....

Designation.....

Signature.....

Date.....

CHECKED BY:

Name:.....

Designation.....

Signature.....

Date.....

APPROVED/NOT APPROVED

Name.....

Designation.....

Signature.....

Date.....