



**MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION AS A
STUDENT – (MEDICINE)**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

**FOR
OFFICE
USE ONLY**

To be duly completed by the student.

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) _____ Surname: _____

Maiden name (if applicable): _____

First names: _____ Identity No.: _____

Postal address: _____

Postal code: _____

Residential address: _____

Postal code: _____

Tel (H): _____ (W): _____

Cell: _____ Fax: _____

Email: _____

* Marital Status: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

hereby apply to register as a student in _____
(kindly indicate profession)

SIGNATURE: _____ **Date:** _____ **20** _____

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|--|---|
| | 1. Registration fee of R198.00 . Please attach a copy of the proof of payment. |
| | 2. A copy of my identity document or birth certificate. |
| | 3. A copy of my marriage certificate (should you wish to register in your married surname). |
| | 4. An additional fee of R80.00 in respect of <u>each month</u> or part of a month which my application is submitted later than two months after date of registration with the University. |

Received on

Amount

Receipt No.

VERIFIED

DATE

CAPTURED

DATE

VERIFIED

DATE

Bank Details:

HPCSA
Bank: **ABSA**
Branch: **Arcadia**
Branch code: **334945**
Acc. No. **0610000169**

C. TO BE COMPLETED BY THE TRAINING INSTITUTION (NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)

Certificate of having commenced study as a student, issued by:

indicating that he/she enrolled on _____ (day) _____ (month) _____ (year)

in the (first, second, etc.) _____ year of study.

I consider him/her to be a competent and fit person to practice as a _____

**ORIGINAL OFFICIAL DATE STAMP OF
INSTITUTION**

SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT _____ **DATE** _____

* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.