



MEDICAL AND DENTAL COUNCIL OF GHANA
APPLICATION FOR TEMPORARY REGISTRATION

*EVIDENCE OF SELECTION FOR EMPLOYMENT/ENGAGEMENT
(TO BE COMPLETED BY EMPLOYING/ENGAGING AUTHORITY)*

CERTIFICATE OF SELECTION FOR EMPLOYMENT/ ENGAGEMENT

An authorized officer of Hospital authority or sponsoring institution by which the applicant is to be employed must sign this certificate.

It is hereby certified that.....
(Name of applicant)

by whom this application is made, has been selected for employment/engagement in a medical/dental capacity (this is in the capacity of a practitioner of medicine, dentistry, surgery other - specify) in the under-mentioned Hospital or Institution (Full name and address, of the Hospital or Institution must be given and if more than one Hospital or Institution is involved, each must be specified).

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Description of post of applicant

Period of employment/engagement from ____/____/____ to ____/____/____
Day M Y Day M Y

NameOfficial position.....

Signature.....Date: