MINISTRY OF EDUCATION AND SPORTS



THE REPUBLIC OF UGANDA

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APPLICATION FOR SELECTION TO HEALTH TRAINING INSTITUTIONS

1. REF NO……For Official Use Only
2. ACADEMIC YEAR: 2022/2023
3. COURSE APPLIED

1ST CHOICE	2ND CHOICE

4. SURNAME: ……..…….……...
5. OTHER NAME (***in full***) ……..
6. SEX……AGE……...
7. DATE OF BIRTH: ……..
8. PLACE OF BIRTH: ……
9. RELIGIOUS AFFILIATION……
10. HOME DISTRICT…… CITIZENSHIP……
11. TELEPHONE CONTACT…….
12. PERMANENT ADDRESS……..……
13. MARITALSTATUS……

14. UGANDA CERTIFICATE OF EDUCATION
    INDEX NO……. YEAR OF EXAMINATION…….
    FORMER SCHOOL…….
    A photocopy of the Uganda Certificate of Education.

15. UGANDA ADVANCED CERTIFICATE OF EDUCATION
    INDEX NO……YEAR OF EXAMINATION…….
    FORMER SCHOOL…….
    A photocopy of the Uganda Advanced Certificate of Education

16. DECLARATION

I DECLARE THAT ALL INFORMATION GIVEN ON THIS FORM IS CORRECT
SIGNATURE OF APPLICANT:……DATE: ……