

MINISTRY OF EDUCATION AND SPORTS



THE REPUBLIC OF UGANDA

Attach passport
photo

APPLICATION FOR SELECTION TO HEALTH TRAINING INSTITUTIONS

1. REF NO.....For Official Use Only
2. ACADEMIC YEAR: 2025/2026
3. COURSE APPLIED.....
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.



Edit with WPS Office

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:

