



Thumb print

**F/PORTAL SCHOOL OF CLINICAL OFFICERS  
MINISTRY OF EDUCATION AND SPORTS**

**APPLICATION FORM FOR CERTIFICATE PROGRAM**

**20.....**

FOR OFFICIAL USE ONLY

**PART 1**

1. NAMES IN FULL \_\_\_\_\_ SEX \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_ HOME PARISH \_\_\_\_\_ SUBCOUNTY \_\_\_\_\_
3. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

4. Uganda Certificate of Education (UCE) or Equivalent (Attach Result Slip to this Form).

(i) Year \_\_\_\_\_ Index \_\_\_\_\_ Exam Authority \_\_\_\_\_

ENTER result grades (figures) for UCE in box below:

SUBJECT	ENG	LIT	CRE	IRE	HIS	GEO	POL	MAT	PHY	CHE	BIO	ART	MUS	ACC	COM	AGR	FRENCH	SWAH	
GRADES																			

*N.B: Attach Result Slip*

5. If offering/offered qualification other than UCE give details below. You may use separate sheet of paper if more space is needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2**

6. School attended (Give names and years)

Year from to	Names of school/Institution	Qualification

7. Position of responsibility held (e.g. Prefect, Sports Captain etc)

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8. If you left school, give brief details of employment or studies undertaken. You may use separate sheet of paper.

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9. Declaration. I, the undersigned declare that the information given on this form is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 3**

**CITIZENSHIP VERIFICATION**

10. This part must be completed by all applicants who claim Uganda Citizenship. I am a Uganda by birth/naturalization/registration.

	Father	Mother
Family:	_____	_____
Other names:	_____	_____
Date of Birth:	_____	_____
Village of Birth:	_____	_____
Sub-County:	_____	_____
District of Birth:	_____	_____
Nationality:	_____	_____
Country of Residence:	_____	_____
	_____	_____

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_