



**FORT PORTAL COLLEGE OF HEALTH SCIENCES
MINISTRY OF EDUCATION AND SPORTS
JOINT ADMISSION BOARD – JAB**

APPLICATION FORM FOR DIPLOMA PROGRAM

20.....

FOR OFFICIAL USE ONLY

PART 1

COURSE APPLIED FOR.....

1. NAMES IN FULL _____ SEX _____
 2. DATE OF BIRTH _____ HOME PARISH _____ SUBCOUNTY _____
 3. PERMANENT ADDRESS _____
- TEL.No. _____

PART 2

4. Uganda Advanced Certificate of Education (UACE) or Equivalent
(a) Year _____ Index _____ Examination Authority _____

UACE	1	2	3	4	5	6	OVERALL RESULT
MATHEMATICS							
CHEMISTRY							
BIOLOGY							
PHYSICS							
GENERAL PAPER							

- (b) If you attempted 'A' Level more than once give years and Index Number.
- (i) Year _____ Index _____ Exam Authority _____
 - (ii) Year _____ Index _____ Exam Authority _____

N.B: Attach Result Slip.

5. 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	ENT	FRE NC H	S W A
GRADES																			

N.B: Attach Result Slip

6. If offering/offered qualification other than UCE give details below. You may use separate sheet of paper if more space is needed_____

PART 3

7. School attended (Give names and years)

Year from to	Names of school/Institution	Qualification

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

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

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

Signature_____ Date_____

PART 4

CITIZENSHIP VERIFICATION

11. 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_____