



UGANDA MARTYRS SCHOOL OF NURSING & MIDWIFERY
KALIRO

APPLICATION FORM

First Name.....
Last Name.....
Sex..... Age.....
Date of birth...../...../.....
Physical Address.....
Nationality
Course applied for.....
Date of application...../...../.....

Parent's / Guardian's personal information

Name(s).....
Residence.....country.....
Occupation.....
Address.....Tel.....

EDUCATION BACKGROUND

YEAR	SCHOOL/ COLLEGE	AWARD	SCORE				
			ENG	MATHS	BIO	CHEM	PHY

Any other qualifications

.....

Games & Sports

.....

.....

Position of other responsibilities previously held.

.....

Declaration of any health problems

.....

.....

Source of funding / Tuition

Name.....

Address.....

Tel.....

Full Address & Telephone contacts of the people /organization responsible for your tuition fees payments.

Declaration

I Declare that the information presented herein is to the best of my knowledge and true;

Signature.....

Date.....

For Official Use Only

Batch No.....

Course applied for.....

Name of the Officer.....

Date.....