

# NSAMIZI TRAINING INSTITUTE OF SOCIAL DEVELOPMENT

P.O.Box 149, Mpigi-Uganda  
 E-MAIL: [registra@nsamizi.ac.ug](mailto:registra@nsamizi.ac.ug)  
 WEBSITE: [www.nsamizi.ac.ug](http://www.nsamizi.ac.ug)



Attach a Recent  
 Passport  
 Photograph

This Subject please quote No. **ADM 68/102/01**

## FORM "A"

### APPLICATION FOR DIPLOMA/CERTIFICATE COURSE – 2017/2018

#### USE BLOCK LETTERS

#### Section One: Course Applied for

a). Course Choice

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

b). Nature of the Programme: Full time  Distance  Evening  Weekend

c). Location/Campus: Mpigi  Kampala  Lira  Adjumani  Kasese  Gulu

d). Intake: March  August

#### Section Two: Bio Data

a). Surname: \_\_\_\_\_

b). Other Names: \_\_\_\_\_

c). Sex: Male  Female

d). Date of Birth: \_\_\_\_\_

e). Nationality: \_\_\_\_\_

f). Home District: \_\_\_\_\_

g). Marital Status: \_\_\_\_\_

#### Section Three: Education Background

a).

Name of School/Institution	Award/Course	Duration

b). Uganda Certificate of Education (UCE) or its equivalent

Index Number:..... Year of Examination:.....

Subject									
Grade									

c).The Uganda Advanced Certificate of Education (UACE) or its equivalent

Index Number:..... Year of Examination:.....

Subject									
Grade									

d). Other qualifications

Institution	Year of completion	Duration in months

Please attach a photocopy of the above Certificate(s) or their equivalent and any other relevant past Academic Documents

**Information:**

a). Permanent Physical Address \_\_\_\_\_

b). Emergency Contact (if different from above)\_\_\_\_\_

c). Telephone Contact:\_\_\_\_\_

d). Email Address:\_\_\_\_\_

e). Religious Affiliation:\_\_\_\_\_

f). Home Country:\_\_\_\_\_

g). Information on Parent/Guardian (where applicable)

i). Parent/Guardian’s Name\_\_\_\_\_

ii). Parent/Guardian’s Address\_\_\_\_\_

iii). Telephone Number;\_\_\_\_\_ Email Address :\_\_\_\_\_

h). Given 2 names of persons in position from whom confidential information may be obtained about you if necessary

i). Name:\_\_\_\_\_ ii) Name:\_\_\_\_\_

Address\_\_\_\_\_ Address:\_\_\_\_\_

Telephone contact:\_\_\_\_\_ Telephone contact:\_\_\_\_\_

**Section Four: Justification**

In the space provided below, briefly state the major reasons for your choice of the course in Section One (a)

---



---

**Section Five: Declaration by the Applicant**

I declare that all information given on this form is correct.

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

Date:\_\_\_\_\_