



NSAMIZI TRAINING INSTITUTE OF SOCIAL DEVELOPMENT

(A Government Tertiary Institution under the Ministry of Education,
Science, Technology and Sports)

APPLICATION FOR ADMISSION TO

THE BACHELOR OF ARTS IN PUBLIC ADMINISTRATION AND MANAGEMENT

(AFFILIATED TO UGANDA MARTYRS UNIVERSITY-NKOZI)

1. PERSONAL DETAILS (Please use CAPITAL Letters)

Surname: _____

Other Names: _____

Title: (Mr/Miss/Ms/Dr/Rev) _____

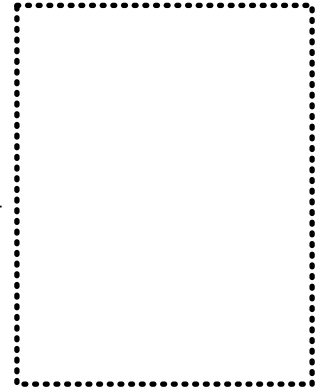
Sex: *Male* *Female* Marital Status: _____

Date of Birth: _____

Nationality: _____

District of

Birth: _____



2. ADDRESS

Home (Permanent) Address

Correspondence Address

(if different from Home Address)

Postal Address: _____

Postal Address: _____

Country: _____

Country: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

3. PREVIOUS EDUCATION

3.1 Uganda Certificate of Education (UCE) or its equivalent

Examining

Authority: _____

Name and Address of

School: _____

School: _____

Index Number: _____ Year of Examination: _____

Subject									
Grade									

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

Examining Authority: _____

Name and Address of School: _____

Index Number: _____ Year of Examination: _____

Subject									
Grade									

3.3 Any other academic qualifications

Certified photocopies of results and certificates must be attached to this application form.

University/Institute/College (include address & country)	Qualification obtained	Date obtained	Full time/Part time/distance/w weekend

4. EMPLOYMENT INFORMATION

Current

Employer: _____

Position and work carried

out: _____

5. PERSONAL STATEMENT

Please, provide a short statement indicating why you wish to undertake this programme



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Nature of Programme: Day Weekend

6. REFERENCES

Please, provide the name of one person who is aware of your academic or professional ability and one person who is your next to kin

Professional Referee

Next of Kin

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

7. DECLARATION

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate

SIGNATURE OF APPLICANT: _____ **DATE:** _____