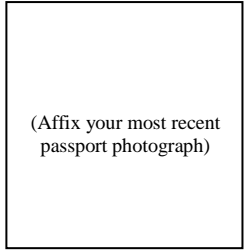




UMI F NO 1

UGANDA MANAGEMENT INSTITUTE



(Affix your most recent passport photograph)

TRAINING APPLICATION FORM FOR LONG COURSES (CERTIFICATE, DIPLOMA & PG-DIPLOMA)

This form should be completed and returned to:
The Institute Registrar,
Uganda Management Institute (UMI)
Plot 44 - 52, Jinja Road
P O Box 20131, Kampala
Telephone: (256)-414-259722/752-259722/312-265138/39/40
Fax: 256-041-259581
E-mail: admin@umi.ac.ug

PART A (TO BE COMPLETED BY APPLICANT)

1. Training Programme applied for:

2. I will be doing the programmes (Tick your choice)

i. Day

ii. Evening

iii. Weekend

iv. Distance

2.1 Study Center

Kampala

Gulu Outreach Center

Mbarara Outreach Center

Mbale Outreach Center

3. Names:
Surname Other names

4. Contact Address:

4.1 Mobile Telephone (Your Own) :

5. Email: Website

6. Nationality:
7. Age and Date of Birth (DD/MM/YYYY).....
8. Marital Status:
9. Name, address and telephone contact of person to be contacted in case of emergency:

10. List schools, colleges and universities you have attended beginning with the most recent and attach photocopies of certificates and transcripts.

Name of institution	From	To	Award	Main subjects studied for post secondary courses only
1.				
2.				
3.				
4.				
5.				
6.				

11. List other courses attended, if any:
- i.
 - ii.
 - iii.
 - iv.

12. State any research/publication you have undertaken:
-
-
-
-

13. State your employment record beginning with your present job:

POSITION HELD	MINISTRY/DEPT./ORGANISATION	FROM	TO

14. State briefly the reason why you want to take this course and its relation to your present or future job responsibilities:

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15. Give names of two referees other than your Head of Department

15.1 Name

Designation

Address

Tel. Contact:

15.2 Name

Designation

Address

Tel. Contact:

15.3 Do you intend to be resident or non-resident (delete inapplicable status)

I certify to the best of my knowledge the information given in Part A of this form is true.

Date: Signature:

PART B
(TO BE COMPLETED BY HEAD OF DEPARTMENT/SPONSOR/RECOMMENDATION)

16. Is your Ministry/Department/Organization prepared to sponsor the applicant and pay the fees as set by UMI for this Course?

YES NO SELF

16.1 Please, state the strength and weakness of the applicant in regard to his/her suitability for this course.

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16.2 Name Title Tel No

16.3 Signature Date

16.4 Official Stamp and Address.