



UGANDA MANAGEMENT INSTITUTE

AFFIX YOUR MOST RECENT PASSPORT

PARTICIPANT REGISTRATION FORM (MASTERS' PROGRAMMES) ACADEMIC YEAR 2022/2023 (FORM TO BE FILLED IN DUPLICATE) (Write in clear block capital letters)

You are advised to maintain consistency in the names as they appear on your previous certificates. Do not use abbreviations because they will be excluded from the certificate you get after your course.

A. PERSONAL DETAILS

- 1. Admission No.
2. Surname
3. Other Names
4. Sex (M/F) Date of Birth & Age:
5. Postal Address Telephone Fax E-mail
6. Home District Sub-county/Town
7. Nationality Profession/Occupation
8. Highest Academic Qualification
9. Highest Professional Qualification
10. Your Present Job Title
11. Employer
12. Employer's Postal Address Telephone Fax E-mail
13. Sponsor
14. Sponsor's Postal Address Telephone Fax E-mail



15. Next of Kin (2) and their addresses
- (i) Name
 Postal Address
 Telephone Fax E-mail
- (ii) Name
 Postal Address
 Telephone Fax E-mail
16. Do you have any medical problem?
 If yes, which one?
17. Do you have special needs? Yes No
 If yes, give details

B. COURSE DETAILS

18. Course
19. Course begins on Ends on
20. Category: - (i) Day
 (ii) Evening
 (iii) Weekend

C. OTHER DETAILS

21. Category of Employer
 (a) Government (b) Private (c) Local Government (d) NGO
22. Category of Sponsor
 (a) Government (b) Private (c) Local Government (d) NGO
23. I certify that all the information given above is true and I will abide by all the Institute's Regulations as a UMI participant.

After filling this form, please sign on every page of your documents to be submitted.

Participant's signature Date
REGISTRAR'S SIGNATURE..... Date