



**UGANDA MANAGEMENT INSTITUTE**  
**PARTICIPANT REGISTRATION FORM**  
**(POSTGRADUATE AND ORDINARY DIPLOMA PROGRAMMES)**  
**Academic year 2022/2023**  
**(Day, Evening, and Weekend)**  
**(Write in clear block capital letters)**

AFFIX YOUR MOST  
 RECENT PASSPORT  
 SIZE PHOTOGRAPH  
 HERE

You are advised to maintain consistency in the names as they appear on your previous certificates. UMI does not use abbreviations on certificates. Any abbreviations will be excluded from the certificates you get after your programme.

**A. PERSONAL DETAILS**

1. Admission No .....
2. Surname .....
3. Other Names .....
4. Sex: Male  Female  Date of Birth & Age ...../...../.....(.....)
5. Postal Address .....
- Telephone ..... Fax ..... E-mail .....
6. Home District ..... Subcounty/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) Names .....
- Postal Address .....
- Telephone ..... Fax ..... E-mail .....
- (ii) Names .....
- Postal Address .....
- Telephone ..... Fax ..... E-mail .....
16. (a) Do you have a medical problem?.....
- (b) If yes, which one? .....
- 17 (a) Do you have special needs? Yes  No
- (b) If yes give details .....
- .....

**B. COURSE DETAILS**

18. Course .....
19. Category
- (i) Day
  - (ii) Evening
  - (iii) Weekend
  - (iv) Distance Learning
  - (v) Mbarara Branch
  - (vi) Gulu Branch
  - (vii) Mbale Branch

**C. OTHER DETAILS**

20. Category of Employer .....
- (a) Government (b) Private (c) Local Government (d) NGO
21. Category of Sponsor .....
- (a) Government (b) Private (c) Local Government (d) NGO

22. 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*

Participants Signature..... Date.....

23. **REGISTRAR'S SIGNATURE** ..... Date .....