



UPIK
Service with Excellence



+256 394 834127
P.O. Box 50
Kigumba, Uganda
info@upik.ac.ug

ACADEMIC REGISTRAR'S OFFICE

APPLICATION FOR ADMISSION UNDER PRIVATE SCHEME FOR 2019/2020 ACADEMIC YEAR.

Current Passport Photograph	Right Hand Thumb Print
-----------------------------------	---------------------------

PART I

ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS) AND THE FORM SHOULD BE FILLED IN CAPITAL LETTERS

- 1 (a) Surname (in full)
- (b) Other names (in full)
- (c) Sex: (Tick) Male Female
- (d) Date of Birth (DD.....MM..... YY.....) (e) Citizenship/Nationality (f) NIN:.....
(You must attach a copy of the National ID)
- (g) Home District

2 (a) PROGRAMME APPLIED FOR

ONLY ONE CHOICE

3 Uganda Certificate of Education (UCE) or its equivalent

Index No Year of Examination..... SUMMARY OF GRADES

SUBJECT										Distinctions	Credits	Passes
GRADE												

4. Uganda Advanced Certificate of Education (UACE) or its equivalent. Index No. Year of Examination.....
Please indicate the subjects and grades where applicable.

SUBJECT									
GRADE									

Attach a photocopy of the UCE & UACE Certificates/Result slips or their equivalents (Strictly the photocopies must be attached).

5. **Other Institutions attended, if any;**

YEAR		Name of Institution	Qualification Obtained	Class of Award (If any)
From	To			

Attach certified copies of Certificates and Academic Transcripts of institutions listed above.

PART II

1. **Other Personal Information**

- (a) Marital Status (Married, Single, Other specify)
- (b) Physical Address
- (c) Emergency Contact address, if different from (b) above
- (d) Telephone No (e) Fax No (f) E-mail
- (g) Religious affiliation (if any)

- 2. (a) Home County..... (b) Sub-County (LC III)
- (c) Parish (LC II) (d) Village (LC I)

3. **Information on Parents**

Father

Mother

- | | |
|--|--|
| <ul style="list-style-type: none"> (a) Surname (b) Other Names (c) Date of Birth (d) Village of Birth (e) Sub-County (f) District of Birth (g) Nationality (h) Address | <ul style="list-style-type: none"> |
|--|--|

4. **Information on the Guardian (where applicable)**

- (i) Guardian's Name (j) Guardian's Occupation
- (k) Guardian's Address (l) Telephone Number

5. Positions of responsibility held while at School/College

.....

6. Employment Record

Give brief details of employment record. You may use a separate sheet of paper if needed.

EMPLOYER	POST(S) HELD	DATE

7. Give names of 2 persons in responsible positions from whom confidential information may be obtained about you.

(i) Name
 Address
 Telephone Number

(ii) Name
 Address
 Telephone Number

8. SPONSORSHIP INFORMATION

a) Sponsor: (Tick) Self sponsored Sponsored

b) State details of sponsor if any;

1) Name

Address Contact

PART III

1. It should be **NOTED** by all applicants that cases of impersonation, Falsification of Documents or giving false/incomplete Information whenever discovered either at Registration or afterwards will lead to automatic **CANCELLATION** of Admission and prosecution in the Uganda Courts of Law.

2. Declaration by the Applicant

I have noted and understood the implication of giving incorrect information. I confirm that the information given on this form, to the best of my knowledge is correct.

Signature of Applicant Date