

Affix a current coloured passport size photograph ere



UGANDA COOPERATIVE COLLEGE KIGUMBA

P. O. Box 10
Kigumba Uganda



Our Ref

Your Ref.....

Date:.....

APPLICATION FORM

This form should be completed in duplicate and returned to one of the following addresses below with proof of payment of Application fees of shs 10,000/=

- (a) Uganda Cooperative College
P.O. Box 10
Kigumba
- (b) Office of the commissioner cooperatives
Ministry of Trade, Tourism and Industry
Floor 6 room 608
Farmers House
Parliamentary Avenue
- (c) Uganda Cooperative Savings and Credit Union Ltd
Head office Plot 33 Lumumba Avenue,
Murtala Courts Building Floor 5

PART A

(TO BE COMPLETED BY APPLICANT)

1. Course applied for:.....
2. Surname:..... Title Mr/ Mrs/Ms (Delete as appropriate).
3. Other Names.....
4. Present Address.....

5. Permanent Address.....
Telephone.....
6. Nationality.....
7. Date of Birth.....
8. Marital Status.....
9. Name and address 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 And Address Of Institution	From	To	Award	Main subjects Studied for Post Secondary Courses only

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

12. State your employment record beginning with your present job

POSITION HELD	MINISTRY/DEPT/ORGANISATION	FROM	TO

13. State briefly the reason why you want to undertake this course and its relevance to your career

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

14.1 Name -----

Designation -----

Address -----

Mob .Phone Number -----

14.2 Name -----

Designation -----

Address -----

Mob. Phone Number -----

I hereby declare that the information I have provided in Section A of this form is true to the best of my knowledge

Candidate's Signature.....

Date

PART B

(TO BE COMPLETED BY HEAD OF DEPARTMENT/ SPONSOR)

14. Is your Ministry/ Department/ Organisation prepared to sponsor the applicant and pay the fees as set by Uganda cooperative college for this course?

YES NO SELF

15.1 Please state the strengths and weaknesses of the applicant in regard to his/her suitability for this course

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15.2 Names Title.....

15.3 SIGNATURE..... Date.....

15.4 Official Stamp

PART C

FOR OFFICIAL USE

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