



AFRICA POPULATION INSTITUTE

P. O. Box 10842, Kampala Uganda, East Africa, Tel: +256-772-836998, +256-712-836998

Website: www.africapopulation.net Emails: info@africapopulation.net

TRANSFORMING GENERATIONS

APPLICATION FORM UNDER BOTH PRIVATE AND INSTITUTE SPONSORSHIP SCHEME

Affix here a Current coloured and Smart PP Size Photograph with white background

Right Hand Thumb Print

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT
eg. 2013/2014

NB: TO BE COMPLETED BY APPLICANTS THEMSELVES

NOTE: This form must be submitted with evidence of payment of application fee.

PART I

MUST BE COMPLETED IN FULL USING BLOCK LETTERS

- 1 (a) Names in order like on other document.....
 (b) Gender: (Tick Appropriately) Male Female
 (c) Date of Birth in this order (DD.....MM.....YYYY.....
 (d) Citizenship/Nationality.....
 (f) Home/Permanent Address

(You May attach a copy of the birth certificate if any)

2 PROGRAMMES APPLIED FOR: Choices of Course at the Institute - up to 4 choices (use the letter codes provided e.g PAM, PHC, BAM, SWSA & IRM)

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice

3 Certificate of Education or its equivalent. Index No.....Year of Examination.....

Subject									
Grade									

SUMMARY OF GRADES

Distinctions	Credits	Passes

Attach a photocopy of the Certificate of Education or its equivalent

4. Advanced Certificate of Education or its equivalent. Index No.Exam Year.....

Please indicate the subjects and grades where applicable.

1	2	3	4	5

Attach a photocopy of the Advanced Certificate of Education or its equivalent

PART II

5. Other Personal Information

- (a) Marital Status: married, single, others specify).....
- (b) Personal Tel Contact.....
- (c) E-Mail.....
- (d) Religious affiliation
- (g) Emergency contact (Next of Kin)

6. Information on Guardian (where applicable)

- (a) Guardian's name.....
- (b) Guardian's occupation/ Address.....
- (c) Telephone Number

7. Responsibilities held while at Former School / College

.....
.....

8. Employment Record: (Give brief details of employment record)

EMPLOYER	POST(S) HELD	DATE(S)

9. Eligibility to Institute Scholarship Scheme: If you are looking for a sponsorship write a brief capability statement about your eligibility in not more than 30 words!.

.....
.....
.....

10. Give names of 2 persons in responsible position from whom confidential information may be obtained about you if necessary.

- (i) Name.....Occupation.....Tele
- (ii) Name.....Occupation.....Tele

11. **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.

12. It should be NOTED by all applicants that cases of Impersonation, Falsification of Documents or giving False / Incomplete Information wherever discovered either at Registration or afterwards will lead to automatic **CANCELLATION** of Admission and prosecution in the courts of Law.

Applicant's Signature Date