



GULU INSTITUTE OF HEALTH SCIENCES

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0790-914753

Date:

APPLICATION FORM FOR ACADEMIC YEAR 20...../20.....

NOTE: (i) Use capital letters to fill this form

(ii) Candidates short listed for any course shall be contacted and will be required to present original of certificates at the time of interview.

Colored
Passport size
Photograph

Tick the course applying for:

- i. Enrolled Nursing
- ii. Diploma in Nursing (Extension Program)
- iii. Certificate in Midwifery
- iv. Diploma in Clinical Medicine and Community Health
- v. Certificate in Laboratory Technique
- vi. Diploma in Midwifery (Extension Program)

A. PERSONAL INFORMATION:

1. Name (s) applicant (the names in which you will be registered will be those that appear on your certificate as an entry qualification).
 - a) Surname:.....
 - b) Other Names:.....
2. **Gender** Male Female
3. a) Date of Birth b) Place of birth.....
4. Marital Status..... b) No of children (If any).....
5. a) Home District b) District of Residence.....
 - c) Country of Residence.....
6. Permanent Address.....
7. Contact Address with day time contact.....

B. ACADEMIC AND PROFESSIONAL QUALIFICATION:

1. Uganda Certificate of Education (UCE) Index No:.....year of examination.....school

(Attach certified copy of UCE Certificate or its equivalent)

| SUBJECT | GRADE | SUBJECT | GRADE |
|---------|-------|---------|-------|
| 1. | | 2. | |
| 3. | | 4. | |
| 5. | | 6. | |
| 7. | | 8. | |

2. Uganda Advance Certificate of Education (UACE) Index No:.....year of examination.....school.....

(Attach certified photocopy of UACE Certificate or its equivalent)

| SUBJECT | GRADE | SUBJECT | GRADE |
|---------|-------|---------|-------|
| 1. | | 2. | |
| 3. | | 4. | |

Medical Course (Program) Attended

| Year of Completion of CN or CM course | Health Training Institution attended | Qualification | Registration No with UNMC |
|---------------------------------------|--------------------------------------|---------------|---------------------------|
| | | | |
| | | | |

C. SPONSORSHIP

Name(s) of sponsor (if self sponsored, write “self”).....
 Address.....
 Tel: No..... (b) Day time contact No:.....
 (c) E-mail:.....

D. DECLARATION:

I declare that the information given on this form is correct.
 Signature of applicant Date:.....

E. ENDORSEMENT BY HEADTEACHER/PRINCIPAL/EMPLOYER/LCI

I confirm that the information provided above by the applicant is correct.
 Name (s)..... Designation.....
 Institution/organization.....
 Address.....
 Signature:..... Date:.....

Official Stamp