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Attach 2 Passport
photographs

APPLICATION FORM

APPLICANT DETAILS

Sur Name: _____ Other Names: _____
Gender: Male Female Date of Birth: _____
Telephone contact 1 _____ Telephone Contact2 _____
Postal Address _____ Nationality: _____
Email Address _____ Next of Kin Telephone Contact: _____
Next of Kin Email Address: _____ Relationship with the Next of Kin _____

COURSES

Course Category

Short course Executive Certificate Diploma Degree

Course Name _____

Study Sessions; Day Afternoon Evening Distance

ACADEMIC BACKGROUND

Course done at O' Level or Its Equivalent

<u>Course</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Courses at A' Level or Its Equivalent

<u>Course</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Others Academic Levels attained

Level: _____

Year : _____ Grade(s) _____, _____

PARENTS DETAILS

Father's/Guardian Details

SurName: _____

OtherNames: _____

Occupation: _____

Nationality: _____

Country of Residence: _____

Address: _____

Telephone: _____

Email: _____

Mother's/Guardian Details

SurName: _____

OtherNames: _____

Occupation: _____

Nationality: _____

Country of Residence: _____

Address: _____

Telephone: _____

Email: _____

How will you pay for the course?

Self-Funded? Yes ___ No ___

Name of Sponsor : _____ Sponsor's Telephone Contact _____

Sponsor's Email Address _____

Declaration

I hereby certify that the information I have provided on this application form is correct and complete. I authorize AISMAC to obtain official records from any educational institution previously attended by me, and acknowledge that AISMAC reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

Student's Signature _____ Date _____

Applicant Checklist

- Completed all sections applicable to my application;
- Attached copies of academic documents;
- Attached copies of previous qualifications;
- Attached other relevant documentary evidence, as required, in support of my application;
- Signed the Informed Consent;
- Signed the Declaration

FOR AISMAC USE ONLY

NAME OF HANDLING OFFICER: _____

SIGNATURE : _____

DATE: _____

DATA ENTERED IN THE SYSTEM BY: _____

SIGNATURE: _____

DATE: _____