

**Africa Institute For Strategic Management And Capacity Building-AISMAC**

**OFFICE OF THE ACADEMIC REGISTRAR**

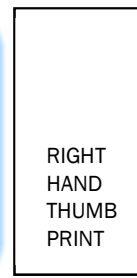
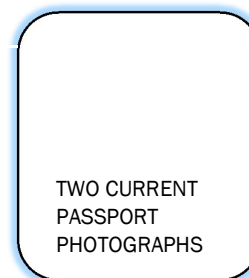
**APPLICATION FORM-AY 2020**

**VISION STATEMENT**

To be a model Institute in Africa recognized for unique approaches to skills Development and Capacity Building.

**MISSION STATEMENT**

To provide Quality and Holistic educational services and develop technical Capacity required for development in Africa through innovation, Strategic Management, Technology and Research.



**1 COURSE APPLIED FOR: 1st Choice**.....  
**2nd Choice**.....

**COURSE LEVEL:** Degree  Diploma  Certificate  (Tick where applicable)  
**STUDY SESSION:** Day  Afternoon  Evening  Distance  Weekend

**2. GENERAL INFORMATION**

SURNAME:.....  
 OTHER NAMES:.....  
 TELEPHONE Number 1: ..... 2: .....

GENDER: Male  Female

MARITAL STATUS Married  Single

Email Address: .....

RELIGIOUS AFFILIATION.....

NATIONALITY.....

DISTRICT OF ORIGIN.....

FORM ANY OF DISABILITY (IF ANY).....

DATE OF BIRTH: Date.....Month.....Year.....

NEXT OF KIN Name..... Tel Number.....

NEXT OF KIN Relationship..... E-mail Address.....

INTAKE: January/February  April/May  July/August

**3. EDUCATION BACKGROUND (High School and other Institutions attended)**

O 'level results or its equivalent

	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		

Subjects done at A 'level or its equivalent

	Subject	Grade
1		
2		
3		
4		
5		

Other Academic Levels attained (if any, attach the copies)

Qualification	Year	Institution
1.....	.....	.....
2.....	.....	.....



075577338  
 0771480600  
 0393239673



Plot 8885, Opposite Mengo SS  
 along Hoima Road Bukesa  
 Kampala

www.aismac.net  
 info@aismac.net

**4. SPONSORSHIP:**

How will you pay for this Course? Self-Funded Yes\_\_\_\_ No\_\_\_\_

Name of the sponsor.....

Organization.....Address.....Tel.....

**5. INFORMATION ABOUT PARENTS OR GUARDIANS**

	Father	Mother	Guardian/Care taker
Surname in full .....	.....	.....	.....
Other names .....	.....	.....	.....
Date of Birth .....	.....	.....	.....
Village .....	.....	.....	.....
Sub county .....	.....	.....	.....
District of Birth .....	.....	.....	.....
Nationality .....	.....	.....	.....
Country of Residence.....	.....	.....	.....
Occupation .....	.....	.....	.....
Contact/ Tel No.....	.....	.....	.....

**6 DECLARATION BY THE APPLICANT:**

I declare that to the best of my knowledge the information given on this 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.

On that note therefore Applicants are strongly warned that presentation of forged or other people`s Academic documents in support of their application when discovered either at registration or afterwards will automatically lead to **CANCELATION** of Admission and prosecution in the courts of law.

The Institute has the right to nullify any admissions done in error for any reason/cause.

Applicant`s Signature: ..... Date.....

**Applicant checklist (Please cross check your form thoroughly and tick if covered)**

- Completed all sections applicable to my Application
- Attached copies of Academic document
- Attached copies of previous qualifications
- Attached other relevant documentary evidence, as required in support of my Application;
- Signed the informed consent;
- Signed the Declaration.

**-Application fees payable to the Institution Account: A/C No: 9030013356520 Stanbic Bank.**

**-Attach a photocopy of the Bank slip acknowledging payment of the Application Fees (20,000UGX for both Diploma and Certificate Applicants and then 30,000UGX for Bachelors Students).**

**FOR OFFICIAL USE ONLY**

Approving Officer`s Name.....

SIGNATURE.....

DATE.....

Data Entrant`s Name.....

SIGNATURE.....

DATE.....