



Africa Institute For Strategic Management And Capacity Building-AISMAC

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FORM 2020/2021

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

TWO CURRENT PASSPORT PHOTOGRAPHS

RIGHT HAND THUMB

1 URSE 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

Subjects done at A 'level or its equivalent

	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		

	Subject	Grade
1		
2		
3		
4		
5		

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

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



0755577338
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 **CANCELTION** 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 are payable to the Institution Account: A/C No: 9030013356520 Stanbic Bank Uganda Shillings .
OR. A/C No. 1032201526025 Equity Bank (Uganda Shillings)
OR. A/C No. 1032201526021 Equity Bank (U.S Dollars)

Account Name: Africa Institute For Strategic Management and Capacity Building

FOR OFFICIAL USE ONLY

Approving Officer`s Name.....

SIGNATURE.....

DATE.....

Data Entrant`s Name.....

SIGNATURE.....

DATE.....