



# Uganda Martyrs' Vocational Institution

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## *Office of the Head Teacher (Principal)*

### APPLICATION FORM FOR COMMUNITY POLYTECHNIC CERTIFICATE COURSES Academic Year 2020/2021 Intake

**Type or print in block Letters:**

Course applied for: .....

#### **A. PERSONAL INFORMATION**

Surname: ..... Other Name(s): .....

Date of Birth: ..... Citizenship: ..... Marital Status: .....

Gender: Male  Female

Postal Address: .....

Telephone No: ..... Email:.....

Parent /Guardian: .....

Telephone(s): ..... E-mail: .....

#### **B. ACADEMIC AND PROFESSIONAL QUALIFICATIONS:**

(Primary schools, secondary schools and vocational institutions attended):

Name of Institution	Index No.	From	To

**PLE Performance (or Equivalent)**

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**Work Experience (if any)**

Institution/Organization/Company	Position	From	To

**C. SPONSORSHIP:**

Name(s) of sponsor or Organization (if self-sponsored, write: SELF)

.....

Address.....

Tel No: ..... E-Mail.....

**D. DECLARATION**

I declare that all the information given on this form is correct.

Signature: ..... Date: .....

**E. FOR OFFICIAL USE ONLY:**

Admitted/Not Admitted.....

If not admitted indicate reason.....

.....

Course:..... Duration.....

Name of Officer..... Signature.....

Date.....

**HEAD TEACHER: 0778900303/ 0702821399**