



# Uganda Martyrs' Vocational Institution

P.O. Box 630, Tel: +256-789702376 Soroti.

E-mail: [umvi1996@gmail.com](mailto:umvi1996@gmail.com); Website:- [www.umvisoroti.com](http://www.umvisoroti.com)

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

### APPLICATION FORM FOR SKILLS 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, Secondary or any other education attained (if any).

NAME OF INSTITUTION	INDEX NO.	FROM	TO

**Primary Leaving Certificate or Equivalent (if any).**

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**