

# MILDMAY INSTITUTE OF HEALTH SCIENCES



Mildmay Institute  
of Health Sciences

P.O. Box 24985 Kampala Uganda

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Email: [registrar@mildmay.or.ug](mailto:registrar@mildmay.or.ug) Website: <http://www.mildmay.or.ug>

## APPLICATION FORM FOR ADMISSION 2018/19

Please attach  
a recent  
passport size  
photograph

This form MUST be filled in **BLOCK CLEAR BLACK INK** and submitted to the office of the Registrar on the above address after payment of **20,000/-** application fees.

### 1. **APPLICANTS DETAILS** (Please write in block letters)

APPLICANT PERSONAL DETAILS									
First Name			Surname						
Other Name(s)			Date of Birth		DD..... MMM .....YYYY.....				
Gender		Male <input type="checkbox"/>			Female <input type="checkbox"/>				
Address		Postal			Physical				
Contacts	Home				Mobile			Fax	
Nationality									
Passport details (For International Applicants)		Number			Date of Issue				
		Place of Issue			Expiry Date				
Mobile				E-mail					
EMERGENCY CONTACT									
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY									
Names									
Address		Postal			Physical				
Contacts	Home				Mobile			Fax	
Email									

### 2. **PROGRAMME DETAILS** (Programme applied for):

PROGRAMME e.g. Diploma in Paediatric Palliative Care (In BLOCK letters)	
a) First Choice	
b) Second Choice	
c) Third Choice	

3. (a) BRIEFLY state your expectations from the programme.

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

(b) How will use the skills and knowledge acquired from the training?

- (i) .....
- (ii) .....
- (iii) .....

4. **EDUCATION BACKGROUND:**

**(I) ADVANCED LEVEL (UACE) RESULTS**

<b>A]</b>	<b>Name of School:</b>			
	<b>YEAR OF EXAMINATION:</b>		<b>INDEX NUMBER</b>	
	<b>GRADE</b>		<b>POINTS</b>	

**(II) ORDINARY LEVEL (UCE) RESULTS:**

<b>B]</b>	<b>NAME OF SCHOOL:</b>			
	<b>YEAR OF EXAM:</b>		<b>INDEX NUMBER:</b>	
	<b>GRADE</b>		<b>DIVISION</b>	

*(Attach copies of A-Level and O-Level certificates or their equivalent for foreign Applicants)*

**OTHER QUALIFICATIONS ATTAINED:**

<b>C]</b>	NAME OF INSTITUTION(S) ATTENDED	<u>DATES</u>		QUALIFICATION OBTAINED
		FROM	TO	
a)				
b)				
c)				
d)				

**CONFERENCES/SEMINARS/WORKSHOPS ATTENDED IN THE LAST 5 YEARS**

<b>D]</b>	SEMINAR/CONFERENCE ATTENDED	YEAR	DURATION	TICK IF MUG COURSE
<b>A)</b>				



(Signature of Authorizing Officer and Stamp)