

**BUKEDEA HEALTH INSTITUTE**

P.O BOX 96, KUMI

Website: <https://www.bukedeahi.com>

Email: [info@bukedeahi.com](mailto:info@bukedeahi.com)

Tel: +256-772-922788/ 778-919624

Attach current  
passport size  
photograph here

**OFFICE OF THE ACADEMIC REGISTRAR**

APPLICATION FOR ADMISSION FOR CERTIFICATE/ DIPLOMA PROGRAMMES  
ACADEMIC YEAR 2024/25

**Available programmes/ courses**

Course	Duration	Tick (✓)
Certificate Nursing	2.5 Years	
Certificate Midwifery	2.5 Years	

**Minimum entry requirements for applicants for certificate programmes**

1. You must have passed "O" Level in English, Mathematics, Biology, Chemistry and Physics at the same sitting
2. Attach copies of relevant academic documents, transcripts, result slips/certificates, other qualifications and birth certificates. At registration originals shall be required.
3. Attach current passport size photograph to this form
4. Attach a copy of bank slip or receipt of payment for admission UGX 40,000 (Uganda shillings fourty thousand only). The money should be paid in the name of the applicant.
5. A filled application form should be returned to the office of the academic registrar with all the necessary attachments

PLEASE FILL THIS FORM IN CAPITAL LETTERS

Course applied for.....

### 1.1 APPLICANT'S PERSONAL INFORMATION

Name of the applicant ( <i>as they appear on academic and other official documents</i> )		Surname:	
		Other names:	
Gender (Tick in the box)		Male:	
		Female:	
Date of Birth:	DD	MM	YYY
Nationality:			
Country of Residence:			
Home District:			
Religious affiliation (if Christian state the denomination)			
Marital Status	Single:		
	Married:		
	Others specify:		

### 1.2 DISABILITY

Do you have any disability Yes/No? If yes, state the type of disability? (Tick)

- ☐ Chronic illness
- ☐ Physical disability
- ☐ Impairment (Hearing, Speaking, Seeing)
- ☐ Other (specify)

### 1.3 CONTACT INFORMATION

Applicant contacts	Telephone	
	Email Address	
	P.O Box	

### 2.0 PARENT'S/GUARDIAN'S INFORMATION

Give information of Parents/Guardian/ Sponsor where applicable

	<b>Father/Guardian</b>	<b>Mother/Guardian</b>	<b>Sponsor</b>
Name			
P.O Box			
City/Town/District			
Telephone			
Email			

### 3.0 EDUCATION BACKGROUND

#### 1. Uganda Certificate of Education (UCE)

School name.....

Index Number..... Year of Completion.....

Subject	ENG	MATH	CHEM	PHY	BIO	BEST OTHER
GRADES						

*Attach a photocopy of the UCE Certificate or its equivalent*

#### 2. Uganda Advanced Certificate of Education (UACE)

School name.....

Index Number..... Year of Completion.....

Subject	
Grades	

*Attach a photocopy of the UACE Certificate or its equivalent*

### 3. Diploma Nursing Extension (DNE)/ Diploma Midwifery Extension (DME)

Exam Number..... MSIN.....

Year of Entry..... Year of Completion.....

Subject Combination	Paper I	Paper II	Paper III	Paper IV	OSPE/OSCE
Grades					

### Summary of Grades

Distinctions	Credits	Passes

*Attach a photocopy of the result slip from UNMEB, UNMEB certificate, certificate of enrolment from UNMC and practicing license from UNMC.*

### **DECLARATION BY THE APPLICANT**

I have noted and understood the implications of giving false information. I confirm that the information given on this form to the best of my knowledge is correct.

Name of applicant.....

Signature of the applicant.....