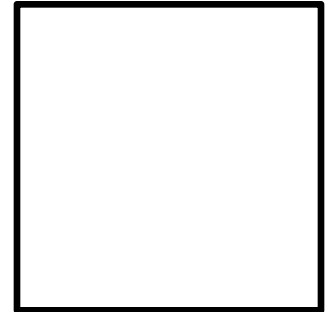




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OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR ADMISSION FOR CERTIFICATE/ DIPLOMA PROGRAMMES

ACADEMIC YEAR.....

Available programs

Program	Program Code	Duration	Tick <input checked="" type="checkbox"/>
Diploma in Nursing Direct	DND	3 years	
Diploma in Midwifery Direct	DMD	3 years	
Diploma in Midwifery Extension	DME	1 $\frac{1}{2}$	
Diploma in Nursing Extension	DNE	1 $\frac{1}{2}$	
Diploma in Clinical Medicine and Community Health	DCM	3 years	
Diploma in Pharmacy	PHA	3 years	
Diploma in Medical records and Informatics	MER	3 years	
Certificate in Nursing	CN	2 $\frac{1}{2}$	
Certificate in Midwifery	CM	2 $\frac{1}{2}$	
Certificate in Pharmacy	CPH	2 years	
Certificate in Medical Records and Informatics	CMR	2 years	

PLEASE FILL THIS FORM IN CAPITAL LETTERS

Minimum entry requirements for applicants for certificate programmes

1. You must have passed 'O' Level in English, Mathematics, Biology, Chemistry and Physics in the same sitting.
2. Attach copies of relevant academic documents, transcripts, result slips/ certificates, other qualification and Birth Certificates. At registration, originals shall be required.
3. Attach current passport size photos to this form
4. Attach a copy of bank slip/ receipt of payment for admission shs. **40,000**(Uganda Shillings forty thousand only). The money should be paid in the name of the applicant in the Institution's Centenary **account; 3100108727**.
5. A filled application form should be returned to the office of Academic Registrar with all necessary attachments

Course applied for.....

1.1 APPLICANT'S PERSONAL INFORMATION:

Name of the applicant (as they appear on academic and other official documents)	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? State the type of disability? (Tick)

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

1.3 CONTACT INFORMATION

Applicant's contacts	Telephone	
	Email address	
	P.O Box	

2.0 PARENT'S / GURDIAN'S INFORMATION

Give information of parents, guardians and Sponsor where applicable

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

3.0 EDUCATION BACKGROUND

1. Uganda Certificate of Education (UCE)

School name.....

Index No..... Year of Completion.....

Subject	ENG	MATH	CHEM	PHY	BIO	BEST OTHER
Grade						

Attach a copy of UCE result slip/ certificate or its equivalent.

2. Uganda Advanced Certificate of Education (UACE)

School name.....

Index No..... Year of Completion.....

Subject					
Grade					

Attach a copy of UACE result slip/ certificate or its equivalent.

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

Exam number..... NSIN number.....

Year of Entry..... Year of Completion

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

Summary of grades

Distinctions	Credits	Passes

Attach a photocopy of the result slip from UNMEB, UNMEB certificate, Certificate of enrollment 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.

Signature of the applicant

Name of the applicant

Date of application.....