



Thumb print

F/PORTAL SCHOOL OF CLINICAL OFFICERS MINISTRY OF EDUCATION AND SPORTS

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PART 2

6. Van 4	School attended (Give names		Ovalification							
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7.	Position of responsibility neighbors	d (e.g. Prefect, Sports Captain	etc)							
8.	If you left school, give brief details of employment or studies undertaken. You may use separate sheet of paper.									
9.	Declaration. I, the undersign	ed declare that the information	given on this form is correct.							
	Signature		Date							
		PART 3								
	CITI	ZENSHIP VERIFICATION								
10.	This part must be completed by all applicants who claim Uganda Citizenship. I am a Uganda by birth/naturalization/registration.									
		Father	Mother							
	Family:									
	Other names:									
	Date of Rirth:									
	Village of Birth:									
	Sub-County:									
	District of Birth:									
	Nationality:									
	Country of Residence:									
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Date_		Signature of Applicant								