

E.M.I. INSTITUTE

ENGINEERING MANAGEMENT AND INNOVATION INSTITUTE

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APPLICATION FORM FOR ADMISSION					
To be filled in and submitted to the office of Academic Registrar on the above address with either a bank slip or receipt as evidence of payment of application fees of Uganda shillings 21000/= only.					
APPLICANTS DETAILS Surname (in full):Other names (in full)					
Gender (Tick): Male Female Home District:					
Date of Birth: (DDMMMYY) Nationality:					
Physical Address:					
Telephone No(e) E-Mail					
PHYSICAL DISABILITY Do you have any physical disability? If yes, state the type of disability					
PROGRAMME AND SESSION (applied for as indicated on the brochure):					
PROGRAMME e.g., Hands-on industry in Mental Fabrication First Choice Second Choice					
SESSION (Tick appropriate box) Morning Afternoon					
BRIEFLY INDICATE REASONS FOR APPLYING FOR THIS PROGRAMME. What do you expect from it and how might this help you in the present job or future plans?					

EDUCATION: O-LEVEL /UCE RESULTS:

ACADEMIC REGISTRAR

A]	NAME OF SCHOOL:			
	YEAR OF EXAM:		INDEX NUMBER:	
	SUBJE	ECTS OFFERED	GRADE attained: i.e.: (1, 2,)	
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
((a) Pare (c) Occı	upation:		
		Number:		
I hereby	confirm	BY THE APPLICANT. that the information provided on e information.	this form is correct and I fully understand the consequences	
		F APPLICANT	DATE	
FOR O	FFICIAL	USE ONLY:		
OR				

Date and Stamp