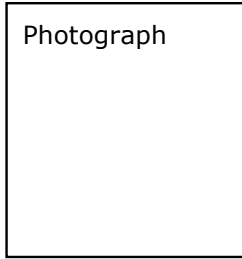




# Uganda Martyrs University

## Mother Kevin Postgraduate Medical School Nsambya Application for Admission to Postgraduate Studies

This form should be completed in **BLOCK CAPITALS** using black ink and returned to **The Dean, Mother Kevin Postgraduate Medical School, Nsambya, Uganda Martyrs University, P.O.7146 Kampala, UGANDA**, by the publicized deadline of the year in which admission is sought. The reference forms attached to this document should be forwarded to two referees and presented in **sealed envelopes** together with the application form, certified copies of all transcripts to date, copies of O and A level certificates and your curriculum vitae. **Incomplete applications cannot be processed.** Please complete all sections of the application form. Applicants can reach the **Postgraduate Medical School, Nsambya** on Tel: +256 414 501122 or e-mail: [pgmensambya@umu.ac.ug](mailto:pgmensambya@umu.ac.ug)



### PERSONAL DETAILS

Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ Family/Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Address for Correspondence (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

***Please continue to next page***

### For official use only:

Date received: \_\_\_\_\_

Application complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Further information:

Invited for GAT: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Further information:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ENGLISH LANGUAGE

*All students enrolled at Uganda Martyrs University are expected to have a good command of the English language, both written and spoken. Please indicate your level of competence:*

### Spoken English

*Please tick*

Excellent

Very good

Good

### Written English

Excellent

Very good

Good

## REASONS FOR APPLYING FOR THE COURSE

*Please state clearly the reasons why you are applying for this course:*

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## PROGRAMMES AVAILABLE

*Please indicate (tick) the programme you are applying for:*

- Master of Medicine in Paediatrics (full time Nsambya )
- Master of Medicine in Surgery (full time Nsambya )
- Master of Medicine in Internal Medicine (full time Nsambya )
- Master of Medicine in Obstetrics and Gynecology (full time Nsambya )
- Master of Medicine in Emergency Medicine (full time Nsambya )

## EDUCATION AND QUALIFICATIONS

	Name of School/College or University	Qualification obtained	Year
"A" level			
First Degree			
Higher Degree			
Other Qualification			

*Photocopies of all diplomas, certificates, and course transcripts awarded for these qualifications must be enclosed with this application. All certificates must be certified by a recognized authority.*

**EMPLOYMENT  
EXPERIENCE****DETAILS/OTHER****RELEVANT**

*Please give details of any professional or research experience relevant to your application:*

*Note that for certain programmes work experience is required.*

**Employer****Type of employment****Dates From/To**


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**SPECIAL NEEDS**

*Please state any special needs which may necessitate special arrangements:*

**OTHER RELEVANT INFORMATION**

*Please give any other information which you feel may be relevant to this application:*

**REFEREES**

*Please forward the reference forms which you received with this application to your three referees, giving their names and address below. Note that referees should NOT be related to you by blood or by marriage. They should be in a position to comment on your academic and/or professional ability.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of sponsor: \_\_\_\_\_

Address and signature of the sponsor \_\_\_\_\_

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**Notes**

1. *No student is allowed to register for more than one university programme at the same time. Breach of this regulation leads to automatic cancellation of admission to the university*
2. *Cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission.*
3. *Copies (not originals) of the academic document should be attached to each application form. The copies of degree certificates and academic transcripts should be certified by a notary public*
4. *Applicants themselves should request their referees to submit a report directly to the school of postgraduate medical education Programme Nsambya Hospital. The University does not request for referees report on behalf of applicants.*
5. *For Foreign applicants only. Candidates whose language is not English or who did not go through an education system with English as a medium of instruction will be requested to prove that they have sufficient command of the English language to cope with postgraduate studies.*

***N.B. Please attach proof that the application fee has been paid.***

*All applicants should note that the University reserves the right to make, without notice, changes in regulations, courses, fees etc., at any time before or after admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and rules. All postgraduate students are required to pass an entrance examination.*

***DECLARATION***

*(To be signed by all applicants)*

***I undertake to comply with the University's registration procedure and rules and I confirm that the information given in this application form is correct.***

Signed:

Date:

**SECTION 1: TO BE COMPLETED BY THE APPLICANT**

*This is one of the two Graduate Reference Forms. Please complete this section before forwarding one form to each of your referees, requesting that they complete Section 2 and return the form to you in a sealed envelope, signed across the seal.*

Your names: \_\_\_\_\_

Degree applied for: \_\_\_\_\_

Commencing in (year) \_\_\_\_\_

Date forwarded to referee: \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY THE REFEREE**

The above-named is applying for admission to the MMed post graduate studies at UMU /Nsambya Hospital and has named you as a referee. We would be grateful to receive, in confidence, your opinion on the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please give, if possible, the applicant's class ranking/position in class (including the total number of students in the class). If an exact position cannot be given, indicate the quartile in which you believe he/she has performed.

Please return this form to the candidate who will forward the complete application to the Dean's Office School of Postgraduate Studies. Please seal the envelope and sign across the seal. Thank you for providing a reference.

Names: \_\_\_\_\_

Title: \_\_\_\_\_

Your Current Employment: \_\_\_\_\_

You're Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your Relationship to Applicant: \_\_\_\_\_

**APPLICANT'S NAME:**

Signature of Referee:

Official Stamp:

Date:

**SECTION 1: TO BE COMPLETED BY THE APPLICANT**

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Title: \_\_\_\_\_

Your Current Employment: \_\_\_\_\_

Your Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your Relationship to Applicant: \_\_\_\_\_

**APPLICANT'S NAME:**

Signature of Referee:

Official Stamp:

Date: