



**COUNCIL OF THE PHARMACEUTICAL
SOCIETY OF UGANDA**

MEDICAL REPRESENTATIVES DATA FORM

PASSPORT
PHOTO

1. Name:.....
2. Date of birth:.....
3. Qualifications

| University/ Institution | Program pursued | Program qualification attained | Study period |
|----------------------------|-----------------|-----------------------------------|--------------|
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4. Products marketed (attach list if required).....
5. Certificate number with Professional Council:.....
6. C.V attached (Yes / No).....
7. Phone number:.....
8. Email:.....
9. Physical address of work place:.....
10. Signature:.....
11. Date:...../...../.....

FOR OFFICIAL USE ONLY

- 12. Remarks:.....
- 13. PSU reference number:.....
- 14. Signature and date:.....

Secretary, Pharmaceutical Society of Uganda

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