



COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA

PHARMACY AUXILIARY STAFF DATA FORM

PASSPORT
PHOTO

1. Name:.....
2. Date of birth:.....
3. Nationality:.....
4. Qualifications held

University/Institution	Program pursued	Program qualification attained	Program period

5. Certificate number with professional Council:.....
6. C.V attached (Yes / No).....
7. Phone number:.....
8. Email:.....
9. Physical address:.....
10. Signature:.....
11. Date:...../...../.....

FOR OFICIAL USE ONLY

12. Remarks:.....

13. PSU reference number:.....

14. Signature and date:.....

Secretary, Pharmaceutical Society of Uganda