The Council of The Pharmaceutical Society of Uganda

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Our Ref:
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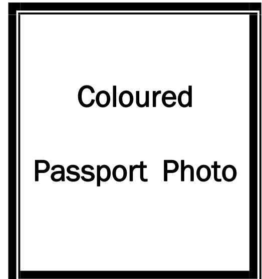
Date:



TEMPORARY REGISTRATION FOR MEMBERSHIP TO THE PHARMACEUTICAL SOCIETY OF UGANDA

(In accordance with The Pharmacy and Drugs Act CAP 280 Sections 9, 11, 19 and 21)

Please duly complete this form. Incomplete applications with insufficient information will not be considered.

1. Applicant's Name:..
2. Date of birth (Attach copy of Birth certificate): ....
3. Sex: ....
4. Nationality:..(If Non-Ugandan, attach copy of passport)
5. Physical Address: ....
6. Telephone No: .... WhatsApp No: ....
7. E-mail Address: ....
8. Year of completion of degree program......................................

   Qualification attained...
9. Name of University / Institution of training where qualification was acquired from

   ....Country:...
10. Attach copy of Pre-internship Results

I hereby certify that the information indicated and attached is true and correct and do commit myself to securing the highest practicable Standards in the Practice of Pharmacy and compliance to the code of conduct at all times.

Name: ....

Signature: ....Date..

For official use

All attachments provided. **Yes** ☐ **No** ☐

Information verified and found to be accurate **Yes** ☐ **No** ☐

Approval given **Yes** ☐ **No** ☐

If no reason____

Signed: ___________________________________

Secretary, Council of the Pharmaceutical Society of Uganda