



The Council Of The Pharmaceutical Society Of Uganda

Our Ref:

0110/PSU/2020

Your Ref:

Date:

14th August 2020

Plot no: 1847 Banda - Kyambogo
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NOTICE OF THE 2ND PRE-INTERNSHIP/ELIGIBILITY EXAM 2020

Notice is hereby given that the Council of The Pharmaceutical Society of Uganda 2nd pre-internship/eligibility examination 2020 will be conducted on Friday the 21st of August 2020 from 9am to 12 noon at Department of Pharmacy, Makerere University, Kampala. Only a written exam will be conducted.

All eligible candidates are hereby required to apply by Tuesday 18th of August 2020. Please fill online application on www.psucop.com with necessary attachments. Print and bring a hardcopy of the application to PSU Secretariat at Plot 1847 Banda/Kyambogo, Kampala with proof of payment of examination fee of Shs. 250,000 (Ugandans) and US\$ 200 (Non-Ugandans).

Only candidates who have successfully completed their BPharm courses are eligible to apply. Other requirements see the attachment.

**Secretary,
Council of The Pharmaceutical Society of Uganda.**



REQUIREMENTS TO SIT PRE-INTERNSHIP EXAMS

For new applicants

1. Written/Typed application letter addressed to the Secretary Pharmaceutical Society of Uganda
2. Pre-internship/Eligibility application form (see attached)
3. Pre-internship/Eligibility online application done through the PSU website www.psucop.com
4. Curriculum vitae (C.V)
5. Admission letter
6. Certified academic transcript or its equivalent
7. Certified degree certificate
8. Copy of A 'level Certificate or its equivalent
9. Copy of O 'level Certificate or its equivalent
10. Copy of Birth Certificate
11. Copy of National ID
12. PSU branded Plastic Spring file 10,000/= (Ten thousand shillings only). Should be banked with Examination fees.
13. One colored passport photo.

Applicants re-siting the exam should submit: -

1. Written/Typed application letter addressed to the Secretary Pharmaceutical Society of Uganda
2. Pre-internship/Eligibility online application done through the PSU website www.psucop.com
3. Copy of previous pre-internship results.
4. Copy of National ID
5. Proof of payment of Examination fees. For Ugandans 250,000/= (Two hundred fifty thousand Shillings only) and non-Ugandan 200 Dollars.

PSU Management



PHARMACEUTICAL SOCIETY OF UGANDA ELIGIBILITY EXAM /INTERNSHIP APPLICATION FORM

Attach
Passport
Photo
Here

*This form is to be filled and submitted to PSU with necessary accompanying documents including
A Self handwritten application letter addressed to the Secretary of PSU.*

1. Name _____
2. Sex Male Female
3. Nationality Ugandan Non-Ugandan Specify _____ (attach details of immigration status)
4. Age (attach copy of birth certificate) _____
5. Date and place of birth _____
6. Home District _____
7. Educational Background

(i) **Primary Education (Attach copies of qualification documents)**

School	Period	Qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____

(ii) **Secondary education (O-level, attach copies of qualification documents)**

School	Period	Qualification
_____	_____	_____
_____	_____	_____
_____	_____	_____

(iii) **Advanced level education (A-level, attach copies of qualification documents)**

School	Period	Qualification
_____	_____	_____
_____	_____	_____

(iv) **University and Tertiary Education**

Institution	Period	Course	Qualification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



PHARMACEUTICAL SOCIETY OF UGANDA ELIGIBILITY EXAM /INTERNSHIP APPLICATION FORM

*NB: Attach copies of admission letters/degree transcripts/letter of completion of course and CV.
Incase of non-attachment of any documents a letter detailing the reasons should be provided.
Persons with qualifications obtained outside Uganda must attach a statutory declaration and must
have copies of their academic documents notarized in their country of study and certified by their
university .A copy of the notarized syllabus should also be availed.*

8. Online internship application Print out attached

Yes No , if no explain _____

9. Has the applicant's application been rejected before?

Yes No

10. Application fees paid(Applicable to persons studying from Universities outside Uganda-attach receipt)

Yes No

Declaration

I, _____ do hereby solemnly and sincerely declare, that the information
contain herein and attached are true to the best of my knowledge and belief.

Signature & date: _____

For official use only

- i. Information verified to be true Yes No
- ii. All documentation attached Yes No
- iii. Approved Yes No

If no, reason given _____

Signed: _____

Secretary, Council of the Pharmaceutical Society of Uganda