

The Council Of The Pharmaceutical Society Of Uganda

Our Ref:

012/PSU/2021

Your Ref:

Date:

17th February 2021

Notice of the 1st Pre-Internship/Eligibility Exam 2021

Notice is hereby given that the Council of The Pharmaceutical Society of Uganda 1st pre-internship/eligibility examination 2021 will be conducted on Thursday,18th of March 2021 from 9am to 12 noon at Department of Pharmacy, Makerere University, Kampala. Only written exam shall be administered.

All eligible candidates are hereby required to apply by Tuesday the 2nd of March 2021. Please fill online application on <u>www.psucop.com</u> 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 meet the requirements will be invited to sit for this examination.

Please note that this examination will be conducted in accordance with MOH SOPs to prevent the spread of COVID-19. Therefore, there will be no oral exams.



Secretary, Council of The Pharmaceutical Society of Uganda. Plot no: 1847 Banda - Kyambogo P.O. Box 3774,Kampala - Uganda Tel no: +256 414 348 796, 0392 174 280 Fax: +256 414 340 385 Email: psupc@psu.or.ug Website:www..psu.or.ug

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**

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	8					
2.	Sex	Male Female					
3.	Natior status)		Ugandan 🗌 Speci	fy(a	ttach details of immigration		
4.	Age (a	ttach copy of birth certific:	ate)				
		nd place of birth					
		District					
		tional Background					
		School	Period	Qualification			
					_		
				1 <u></u>	<u> </u>		
	(ii)	Secondary education (O-I	evel, attach copies	of qualification docum	nents)		
		School	Period	Qualification	2		
		·····	<u> </u>		_		
					=		
	(iii)	Advanced level education (A-level, attach copies of qualification documents)					
		School	Period	Qualification			
					_		
	(iv)	University and Tertiary E	ducation				
		Institution	Period	Course	Qualification		
			1 of 2	PSU/ELIG/01			



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: _____

21500

For official use only

Information verified to be true	Yes 🗌	No
All documentation attached	Yes 🗌	No 🗆
Approved	Yes	No 🗌
If no, reason given		

Signed:

Secretary, Council of the Pharmaceutical Society of Uganda