



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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*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