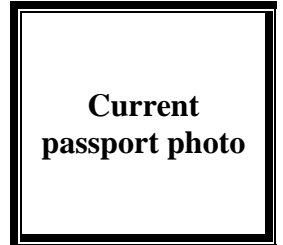




**COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA
PRE-REGISTRATION EXAM APPLICATION FORM
(QUALIFYING EXAMINATIONS FOR MEMBERSHIP)**

(FILL IN BLOCK LETTERS, ONLINE APPLICATIONS SHOULD
ALSO BE FILLED IN ADDITION TO THE HARDCOPY)



1. Name _____
2. Date of birth _____
3. Sex _____
4. Nationality _____

If Non-Ugandan, attach copy of passport
5. Internship Centre _____
6. Date of commencement of internship _____ Completion date _____
7. University education (Attach certified Academic transcript and certified Degree Certificate)
 - Country of study _____
 - Course of study _____
 - Period of study _____
 - Date of graduation _____

8. Additional attachments

A) First time sitting

- Self-hand written/typed application letter addressed to the secretary, PSU.
- Online Application www.psucope.com (Must)
- Evidence of completion of internship.
- Evidence for payment of Pre-registration fees (For Ugandans 350,000/=, Three hundred fifty thousand shillings only) and non-Ugandan 200 Dollars
- Copy of Pre-internship examination results
- Copy of Provisional certificate of practice



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B) Re-siting

- Self-hand written/typed application letter addressed to the secretary, PSU.
- Online Application www.psucop.com (Must)
- Evidence for payment of Pre-registration fees as applicable.
- Copy of Previous Pre-registration Examination results

This is to certify that the information provided above is true and correct.

Date _____ Signature _____

Name _____

Phone _____ WhatsApp _____

Email _____

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