

The Council Of The Pharmaceutical Society Of Uganda

Our Ref:

012/PSU/2023

Your Ref:

Date:

16th January 2023

NOTICE OF THE 1ST PRE-INTERNSHIP/ELIGIBILITY EXAM 2023

Notice is hereby given of the 1st pre-internship/eligibility examination 2023 to be conducted by the Council of the Pharmaceutical Society of Uganda on Friday, 24th of February 2023 from 9 am to 12 noon at the Department of Pharmacy, Makerere University, Kampala. Only a written exam shall be administered.

All eligible candidates are hereby required to apply by 17:00hrs, Friday 10th February 2023. Applications should be done both online and in hardcopy with necessary attachments (See attached). Online application should be done via <u>www.psucop.com</u> and the hardcopy of the application should be physically submitted to PSU Secretariat at Pharmacy House, Plot 1847 on East African Road, Banda-Kyambogo, Kampala with proof of payment of the examination fee of Sh. 250,000 for Ugandans and US\$ 200 for Non-Ugandans.

Only candidates who meet all the requirements will be invited to sit for this examination.

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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 its equivalent
- 8. An equivalent of your degree from the National Council for Higher Education (Applies to persons who attained their Degrees from Universities abroad)
- 9. Work/resident permit (for non-Ugandans)
- 10. Copy of A 'level Certificate or its equivalent
- 11. Copy of O 'level Certificate or its equivalent
- 12. Copy of Birth Certificate
- 13. Copy of National ID
- 14.PSU branded Plastic Spring file 10,000/= (Ten thousand shillings only). Should be banked with Examination fees. Proof of payment of Examination fees. For Ugandans 250,000/= (Two hundred fifty thousand Shillings only) and non-Ugandan 200 Dollars.

15. 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.

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