



**PHARMACEUTICAL SOCIETY OF UGANDA  
REGISTRATION OF PHARMACY STUDENTS  
(UNDER SECTION 21 OF THE PHARMACY AND DRUGS ACT CAP. 280 LAWS OF UGANDA).**

**ANNUAL REGISTRATION FORM (To be filled in Capital letters)**

**ACADEMIC YEAR (eg.2023/2024): .....**

**Passport photo**

**Name of University.**

**Program:**

**Registration No:**  **Admission**

**Date:**

**Program Start Date:**  **Expected**

**Completion**

**PSU Pharmacy:**  **Date:**

**Student No:**

**STUDENT'S NAME.**

**First Name:**

**Middle Name:**

**Last Name:**

**Email address:**

**Phone No: Calls**

**WhatsApp No:**

**Year of Study (1,2...etc)**

**Semester  
of Study:**

**Date of Birth:**

**Sex.**

**Nationality:**

**Home  
District:**

**Passport No:**

**NIN:**

**Father's Name & Contact (Indicate if Deceased),**

**Mother's Name & Contact**

**Other, (Please indicate), Name & Phone:**

**First Registration: Please attach a copy of the Admission letter, National ID/Passport, Student ID, Evidence of current Registration as a student in the University, Birth Certificate, PLE Certificate, UCE Certificate or equivalent, UACE certificate or equivalent.**

**Subsequent Registration: Please attach; Evidence of current registration as a student at University.**

**NB:**

Information provided is subject to verification by the Council at any time.

**DECLARATION:**

I .....declare that the information I have provided and the documents I have submitted are true and accurate to the best of my knowledge.

Signature:..... Date: .....

**Guidance Points:**

Council has the mandate under Section 21 of the Pharmacy and Drugs Act to supervise and regulate the training and transfer of Pharmacy students and provide for the registration of Pharmacy Students.

1. This is an Annual Registration Form.
2. Download the form from the PSU website, [www.psu.or.ug](http://www.psu.or.ug) under Resources & Downloads
3. Fill in the form in Capital letters.
4. Submit the form to your Class Representative/Class President.
5. The Class Representative/Class President hands over the filled forms to the Pharmacy Students' Association Chairperson/President.
6. The Pharmacy Students' Association President compiles a list of forms reviewed and submits it to the Head/Dean of the School of Pharmacy for endorsement.
7. The Pharmacy Students' Association Chairperson/President sends the endorsed forms and summary to the Secretary Pharmaceutical Society of Uganda by 31<sup>st</sup> March of every year.

**Endorsement by the Pharmacy Student Association**

I confirm that this student is an active member of the Pharmacy Student Association

.....  
Name: Signature: Date & Stamp

**Endorsement by the Head/Dean of the School or Department of Pharmacy.**

I confirm that this student is registered and studying in my Department/School.

.....  
Name: Signature: Date & Stamp

**Comments by the Secretary, Pharmaceutical Society of Uganda.**

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.....  
Name: Signature: Date: