



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 Date:

PSU Pharmacy:  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, up-to date testimonial, evidence of payment of Annual Registration fees to PSU Bank Account.

Subsequent Registration: Please attach; Evidence of current registration as a student at University, up-to date testimonial, evidence of payment of Annual Registration fees to PSU Bank Account.

**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. Pay the Annual Registration fees to PSU Account.
5. Submit the form to your Class Representative/Class President.
6. The Class Representative/Class President hands over the filled forms to the Pharmacy Students' Association Chairperson/President.
7. 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.
8. 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.

**PSU ACCOUNT DETAILS.**

Account Name:	Pharmaceutical Society of Uganda
Account Number:	9030005895331
Bank/Branch:	Stanbic Bank, Forest Mall, Lugogo
SORT CODE:	047955
SWITCH CODE:	SBICUGKX

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.

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Name: Signature: Date:

Comments by the Secretary, Pharmaceutical Society of Uganda.

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Name: Signature: Date: