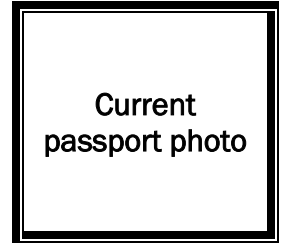




**COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA
APPLICATION FORM
MEMBERSHIP TO THE PHARMACEUTICAL SOCIETY OF UGANDA**

(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 _____
5. Attach copy of invitation letters to sit the pre-internship and the final qualifying/pre-registration examination.
6. Attach copy of results of the pre-internship and the final qualifying/pre-registration examination
7. Two (2) coloured passport photos.
8. Proof of payment of fees.

Next of Kin. Name _____

Phone Contact: _____ WhatsApp No: (if any) _____

Email _____

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

Date & Signature _____

Phone Contact: _____ WhatsApp No: _____

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