



**THE PHARMACEUTICAL SOCIETY OF UGANDA  
PHARMACY AUXILIARY STAFF TRAINING 2025  
APPLICATION FORM**

Please carefully complete this form in capital letters and in your own handwriting.

1. Surname.....Other Names.....

2. Date of Birth: ..... Age.....Sex: M/F.....

3. District of origin: .....County:..... Subcounty:  
.....village.....

4. Contact Address

Telephone Mobile: .....Email.....

Residence (physical location) .....

5. Schools attended:

	Name of School	From	To	Qualification attained
Primary				
Ordinary Level				
Advanced Level				
Professional Education				

7. Work background:

Work Station:

Pharmacy /Drug shop: .....from.....to.....

Others.....from.....to.....

Where are you currently employed (Provide evidence)?

.....

8. Are you dully registered with your professional council? Yes/no. if yes, state your

Reg. No. ....

Signature of

applicant.....Date.....

NB: Enclose copies of your Academic Certificates and necessary attachment

For official use only

Application approved: Yes/No

If not approved, reason.....

Secretary's signature & date .....