

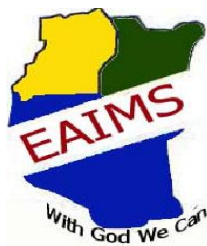
# EAST AFRICAN INSTITUTE FOR MANAGEMENT SCIENCE

**GULU**

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Kingdom Hall of Jehovah Witness

**Tel:** 0780179117 / 0394821776

**E-mail:** eaims@eaims.ac.ug



**DISTANCE LEARNING**

**Tel:** 0776610855 / 0703027487

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***EAIMS is recognized by the Ministry of Education and Sports – No. UME/TVET 071, accredited by the National Council for Higher Education- No.TI.PL.0052 and has a UVTAB Center No. UVT 645***

## APPLICATION FORM

**CAMPUS (Tick):** Northern Uganda (Gulu)  Distance Learning (Online)

Name: .....

Application Receipt No: .....

Sex: ..... Date of Birth: .....

Nationality: ..... Marital Status: .....

Contact Address: .....

Telephone No.: .....

E-mail: .....

Training or Educational Program Applied for: .....

Please Attach Your  
Passport Photo

Training Time and Arrangement							
CERTIFICATE					DIPLOMA		
<b>DAY</b>	Thursday & Friday	<input type="checkbox"/>	Evening	<input type="checkbox"/>	<b>WEEKEND</b>	Saturday & Sunday	<input type="checkbox"/>
			By Modules	<input type="checkbox"/>			
			By Correspondence	<input type="checkbox"/>			

Sponsors' Name & Address (if any): .....

Previous Institutions Attended			
Year (From / To)		Institution	Award / Qualification

List other courses ever attended (If any)

- (i) .....
- (ii) .....
- (iii) .....

Employment record (**If any**). Start with current job.

Position	Organization / Employer	Year (From / To)	

How did you know about East African Institute for Management Science?

.....

State the reason for the course chosen and your expectations.

.....  
 .....

**Declaration**

Any cases of impersonation, falsification of documents or giving false / incomplete information whenever discovered either at registration or afterwards will lead to automatic **CANCELLATION OF ADMISSION**.

I confirm that all the information given in this form is correct.

Signature of the Applicant: ..... Date: .....

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**FOR OFFICIAL USE ONLY**

Admitted

Not Admitted

Comment: .....

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Signature of Authorized Admissions Officer: ..... Date: .....