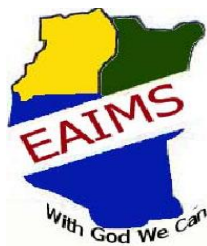


EAST AFRICAN INSTITUTE FOR MANAGEMENT SCIENCE

GULU

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Plot 6/8 Alex Latim Rd, Opp.
Kingdom Hall of Jehovah Witness



GULU

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KAMPALA

Tel: 0776610855 / 0703027487

KAMPALA

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Bank, Wandegeya

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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) ☐ Central Uganda (Kampala) ☐

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							
DAY	Thursday & Friday	<input type="checkbox"/>	Evening	<input type="checkbox"/>	WEEKEND	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:

FOR OFFICIAL USE ONLY

Admitted ☐

Not Admitted ☐

Comment:

Signature of Authorized Admissions Officer: Date: