

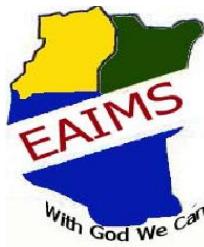
EAST AFRICAN INSTITUTE FOR MANAGEMENT SCIENCE

GULU

P.O.BOX 701, Gulu
Plot 6/8 Alex Latim Rd, Opp.
Kingdom Hall of Jehovah Witness

KAMPALA

Campus Mall, Level 3, Opp. Equity
Bank, Wandegeya

**GULU**

Tel: 0780179117 / 0394821776

KAMPALA

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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?

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State the reason for the course chosen and your expectations.

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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: