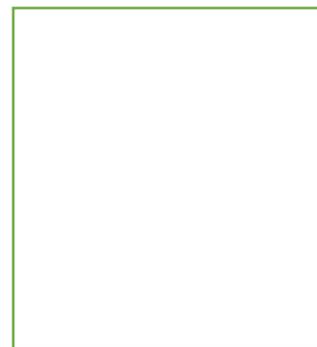




APPLICATION FORM

*P. O. Box 23155 Kampala, Uganda
info@aim.ac.ug
+256 312 282589*



Intended semester of study January to May 20.....

August to December 20.....

Program: Certificate

Personal Information

Name (Last, Middle First):

Date of Birth (DD/MM/YY):

Place of Birth (City, Country):

Gender (F/M): Marital Status:

Nationality: Physical Address:

Phone Number: Email Address:

Occupation: Religion:

Academic Information

Year	School Name	Qualification

Next of Kin: Name: Contact:

I certify that the information I have provided on this form is correct to the best of my knowledge.

Signature: Date: