



LUBELUBEGA INSTITUTE OF NURSING AND HEALTH PROFFSSIONALS

P. P.O BOX 427, IGANGA: TEL 0772460130, 0782856203, 0703844849

Landline Numbers: 0774181669, 0747439321

"Enter to learn and go forth to serve"

w.w.w.lubeganursinginstitution.ac.ug

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Application form for Lubega Institute of Nursing & Health Professionals

Academic Year

COURSES OFFERED

- | | |
|--|-----------|
| 1. Certificate in Nursing | 2½years |
| 2. Certificate in Midwifery | 2½years |
| 3. Certificate in Medical laboratory Technology | 2years |
| 4. Certificate in Pharmacy | 2years |
| 5. Diploma in Clinical Medicine and Community Health | 3years |
| 6. Diploma in Medical Laboratory Technology | 3years |
| 7. Diploma in Pharmacy | 3years |
| 8. Diploma in Nursing (Extension) | 1½years |
| 9. Diploma in Midwifery (Extension) | 1 ½ years |

Course Applied for

1ST CHOICE:

2ND CHOICE:

A) BIODATA

1. Name of applicant: i) Surname.....

ii) First name.....

iii) Other names

2. Date of birth: Day..... Month..... Year.....

(Attach birth –certificate photocopies)

3. Age Gender.....

4. Marital status: Religion.....

5. Uganda certificate of Education (UCE).

i) Year of sitting..... Centre and index number.....

- ii) Results/ Aggregate in:
- English
 - Mathematics.....
 - Biology.....
 - Chemistry.....
 - Physics.....

- Agriculture.....
- Geography.....

(Attach photocopies of UCE certificate)

6. Uganda Advanced certificate of Education (UACE) where applicable

i) Year of sitting..... Centre and index number.....

- ii) Results/ Aggregate:
- Biology.....
 - Chemistry.....
 - Physics.....
 - Mathematics.....
 - Geography.....
 - General paper.....

(Attach photocopies of UACE certificate)

B) INDIRECT ENTRANTS:

Minimum qualification for indirect entry for Diploma courses requires:

- i) O' Level Certificate with 5 passes in English, Mathematics, Biology, Chemistry and any other Science.
- ii) Any National Certificate in Health Training attained from a recognized Institution and registered with a relevant Professional Body. (Attach Photocopies of Certificates)

C) WORKING EXPOSURE-where applicable.

- i) Place of work:
 - ii) Designation:
- (Attach supportive documents).

D) State any special medical ailments that you may have:

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E) Student contact information.

i) Postal address:

ii) Physical address: LCI Village..... Parish.....

Sub-county..... County..... District.....

iii) Telephone contacts

iv)

..... E-mail.....

Fax

v) Parent/Guardian details: i) Names.....

ii) Occupation.....

iii) Relationship.....

iv) Telephone.....

E-mail

Physical address: LCI VillageParish.....
Sub-county..... County.....District.....

F) Please kindly let us know how you came to know about Lubega Institute of Nursing and Medical Sciences.

- i) Brochures
- ii) Word of Mouth (Please Specify)
- iii) Flyers
- iv) Radio (if radio please indicate which one)
- v) Others (Please Specify)

G) Declaration:

I..... confirm to the best of my knowledge that the information on this form is correct and complete. I undertake to abide by the conditions of the admission set by the institute concerning admission to any of the courses as they are now and as may be decided by the institute from time to time and will accept and abide by the decisions made by the institution from time to time during my studentship.

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Signature

.....

Date

