Current passport photo

PERSONAL RECORD FORM

CURRENT POSITION:						
1.	Details of Employee					
	(a)	Surname:				
	(b)	Other Names:				
	(c)	Date of Birth:				
	(d)	Gender:				
	(e)	Religion:				
	(f)	Telephones:				
	(g)	Email address(es)				
	(h)	Mailing address / P.O Box number:				
2.	Marital Status:					
	(a)	Single				
	(b)	Married				
	(c)	Separated				
	(d)	Divorced.				
	(e)	Widowed				
3.	Det	ails of Spouse				
	(a)	(a) Names spouse				
		Date of birth				
	(c)	Place of work/Employer				
	(d)	Telephone Email:				
	(e)	Residence				
		(Please attach national ID of spouse)				
4.		Residence (Where employee ordinarily resides during working days)				
	` '	Village/LC1:	••••			
		Parish:				
	` '	Sub-county:				
_		District:				
5.		ents (if alive)				
		Name of your father	• • • • • • • • • • • • • • • • • • • •			
	(b)	Name of Mother				
6.	Chi	ldren (Biological or Legally adopted)				
	Nam	Date of Birth	ı			
i						
:: 11						
::: 111						
iv						
V	· .					
vi						
V11						

(PI		e or adoption documents)	
7.	Nationality		
(a)Nationality		
(l	o) National ID No		
((C) Home District		
(c	d) County		
`	,		
•	•		
,	,	ntional ID or passport for non-Ugandans)	
8.	Educational Background	1	
	A. Primary		
	Name of school	Dates	
(a)		From	to
(b)		From	to
Qua	alification obtained after Prin	mary Education	
	B. Secondary Schools At	ttended:	
	Name of school	Dates	
(a).		Fromto)
(b).		Fromto	o
(c).		Fromto)
_		dinary Level Educationvanced Level Education	
(iii)	Colleges/University Atte	ended	
Naı	me of Institution	Dates	Qualifications Obtained
(a).		Fromto	
(b).		fromto	
(c).		Fromto	
(d).		Fromto	
(e).		Fromto	
		Fromto	
9. E	Employment Record		
(a)]	Post:		
(b)	Department:		
(c)]	Date of appointment:		
(d)	Appointment type:		
	Payroll Information		
(a) 1	Rople	Branch:	Account No.

` '	x Identification Number (TIN): SSF Number:					
(d) Pa	yroll (IPPS or equivalent) Number	r:				
11. De	etails of previous employmen	t since you left School/C	ollege/University			
Date	Employe	er	Reasons for departure			
(a)						
` '						
12. Pu	blications					
List of	f publication (s) if any (attachme	ent recommended)				
	ave you ever been convicted of gyes, what was/were the charge	•	v: Yes/No			
	Date	Charge				
(c)						
` '	ecial needs					
(a) D	o you suffer from any physical o	or mental impairment?				
(b) If :	so, please give details					
15. No	ext of Kin (Person the Univer	sity should contact in cas	se of an emergency).			
(a) N	ames					
	Relationship detail, e.g. husband/wife/brother/sister/son/etc. (please tick)					
Те	elephone Contact					
/L\ NI	0.000.00					
. ,	Names					
16. De	eclaration					
I			certify that to the best of my			
knowl	edge the above information is t	rue and correct.				
o·	1	5 .				
Signe	d:	Date				