



# Masaka Vocational Training Institute

Plot 223, Block 321 Weaverbird Road Bugabira, Masaka City  
P O Box 9518 Kampala Uganda, Email: [masakavti@gmail.com](mailto:masakavti@gmail.com)  
Tel: 0788 003 174; 0751 025 000; 0772 749 982

## APPLICATION FORM

Please attach copies of your PLE / O Level / A Level result slips or certificates as well as copies of any other relevant qualifications as well a copy of your national ID when submitting this application form. Fill in the blank spaces in capital letters, and use a tick ✓ in boxes where applicable

### APPLICANT'S INFORMATION

STUDENT'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MALE  FEMALE NATIONAL ID NO. (NIN): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TOWN OF RESIDENCE: \_\_\_\_\_ PARISH / COUNTY: \_\_\_\_\_

PARENTS' OR GURDIAN'S NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

NAME OF PRIMARY SCHOOL ATTENDED: \_\_\_\_\_

NAME OF SECONDARY SCHOOL ATTENDED: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION OR ACADEMIC QUALIFICATION ATTAINED:

PRIMARY  O – LEVEL  A – LEVEL  CERTIFICATE  DIPLOMA

QUALIFICATION: \_\_\_\_\_

COURSE APPLIED FOR:

\_\_\_\_\_

\_\_\_\_\_

PRIMARY LEAVING EXAMINATION (PLE) RESULTS / GRADES

SUBJECT	MARKS ATTAINED
OVERALL GRADE	

ORDINARY LEVEL (O-LEVEL), AND ADVANCED LEVEL (A-LEVEL) GRADES

O – LEVEL		A – LEVEL	
SUBJECT	GRADE	SUBJECT	GRADE
OVERALL GRADE		OVERALL GRADE	

IF ADMITTED TO MASAKA VTI, WHO WILL BE PAYING YOUR FEES?

SELF SPONSORED    PARENTS    GUARDIAN    SPONSOR

DETAILS OF PARENT / GUARDIAN / SPONSOR WHO WILL BE PAYING THE FEES

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS OR ALLERGIES

YES    NO   IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

UNDERTAKING AND DECLARATION:

IF ADMITTED TO MASAKA VTI, I UNDERTAKE TO ABIDE BY THE INSTITUTE’S RULES AND REGULATIONS. FURTHER, I DECLARE THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION FORM AND THE ATTACHED DOCUMENTS IS CORRECT. I ALSO UNDERSTAND THAT I WILL BE LIABLE TO REFUSAL FOR ADMISSION OR EXPULSION FROM THE INSTITUTE IF ANY OF THE INFORMATION GIVEN BY ME IN THIS FORM IS FOUND TO BE INCORRECT

SIGNATURE OF THE APPLICANT: ..... DATE: .....

SIGNATURE OF THE PARENT / GUARDIAN / SPONSOR: .....