NATIONAL METEOROLOGICAL TRAINING SCHOOL-ENTEBBE

Uganda National Meteorological Authority

Our Ref: NMTS/ADM/2024

each paper

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Your Ref:

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P.O. Box 878 Entebbe Website: www.nmts.ac.ug

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Date:

Affix here your passport photograph with your name and index number at the back

Serial N	lo:							
		APPLIC			TE ADMISSION	1		
PART I (BIO DATA) Other Names (in full)								
Sur NameOther Names (in full)								
Date of	f Birth (dd/mm/y	y):	Village	e:	Sub County:			
County	/:	District:		Contact Ad	Contact Address (Postal or Email):			
Teleph	one No:		NextofKin (N	Name and Contac	t):			
			PART II (CO	OURSE APPLIE	D FOR)			
						esidentied for in the guide		
СНОІ	CE COURS	COURSE CODE			COURSE NAME			
	DM			Diploma in Me	eteorology			
	DAM			Diploma in Ag	rometeorology			
	CM			Certificate in M	l eteorology			
	СВМ			Certificate in B	Basic Meteorology	7		
TDCF		DCF		Certificate in Table Driven Code Forms				
	CWIO			Certificate in V Observation	Veather Instrumer	nts and Methods of		
CCA			Certificate in Computer Applications					
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A: UG	ANDA ADVAN		•	CATION BACK FEDUCATION	,	S EQUIVALENT	1	
	Authority							
UACE	Results in each paper	Overall result	Course 1 points	Course 2 points	Course 3 points	Course 4 points		

B: UGANDA CERTIFICATE OF EDUCATION OR ITS EQUIVALENT Year: Index No: Exam Authority..... Enter results grades (in figures) for UCE I the boxes below Subject COMM AGRIC CHEM MTC ENG LUG **GEO** HIST PHY ACC CRE POL ART 80 RE 늘 Grades AGG: Division: **NB:** Attach photocopies of the result slips of UCE and UACE 2. If offered qualifications other than UCE and UACE, give details below. You may use a separate piece of paper if more space is needed. 3. If you left school, give details of employment or studies undertaken. You may use a separate piece of paper. PART IV A: Extra-Curricular Information Positions of responsibility held (e.g. prefect, sports captain etc.)..... 1. 2. Health problem or disability (If any)..... **Note:** Health problems of disability will not in any way disadvantage your application) **B:** Source of Funding State the person or Institution responsible for your fees payment Name: Address: Telephone/Mobile: C: Declaration I, the under signed declare that the information given on this form is correct, complete and true in all respects. Note: cases of impersonation, falsification of documents, giving false/incomplete information or any irregularities, whatsoever whenever discovered either at registration or afterwards is tantamount to Automatic cancellation of Admission and prosecution in the Uganda Courts of Law. Signature: Date: Name:..... Approved by ADIGA HASSAN ACADEMIC REGISTRAR FOR OFFICIAL USE ONLY

Student Enrolment
Number:
Receipt Number:
Number:
Date:
Signature: