

APPLICATION FORM

To: Uganda National Bureau of Standards

P.O. Box 6329, Kampala

Email: trainingandconsultancy@unbs.go.ug, unbs@infocom.co.ug

Name of Applicant: _____

Position of Applicant: _____ Mob. Tel. _____

Email Address _____

Name of Organisation/Company _____

Name of Course: _____

Date(s) of Course: From _____ To _____

Payment must be made using URA platform as per the attached procedure

Full course fees are payable in advance

Name of Nominating Authority: _____

Position/Title: _____

Address: _____

Tel/Mob: _____

Signature _____

Date: _____

Please indicate how you came to know about the course (tick)

website brochure colleague

Others (specify) _____

UNBS reserves the right to reschedule the course and in any case applicants shall be notified accordingly

Please fill and return the application form by email or hard copy