



MINISTRY OF EDUCATION AND SPORTS

UGANDA NURSES & MIDWIVES EXAMINATIONS BOARD

P. O. BOX 3513, Kampala, Tel: 256 – 414 - 288947, 414 - 288949

Email: info@unmeb.go.ug; Website: www.unmeb.go.ug



NSIN APPLICATION FORM

Photo

STUDENT DETAILS

Name:.....

Sex:..... AGE:..... Date of Birth:

Religion:..... Nationality.....

Tel. Contact..... Email Address:.....

Home Address:

District.....

TRAINING INSTITUTION

Name of Training Institution.....

School Centre No:

Program:.....

Admission Date:.....Completion Date:.....

Highest level of Formal education:.....

SCHOOL AUTHORITY

Principal Tutor's Name:Sign.....

Note:

This form must be forwarded to UNMEB office within 4 weeks of admission. A passport size photograph together with photocopies of pass slips should be attached. All information should be filled in Capital Letters.