

Website: www.ubteb.go.ug
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P.O.Box 1499, Kampala
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UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD APPLICATION FORM FOR UBTEB ACTIVITIES

Affix Colored
Passport Size Photo
Here

Applicants for Item writing, Moderation and Examiner/ Marking MUST be recommended by their respective Heads of Examination Center/ Principals

1) APPLICANTS DETAILS

Surname:..... Other Names:.....
Date of Birth (DD/MM/YYYY):..... Place of Birth:.....
Nationality:..... National ID/Passport No:.....
Phone Nos: 1).....2)..... Email:.....

2) APPLICANT'S CURRENT RESIDENTIAL ADDRESS (If Different from Duty station, Indicate Residential address on Additional Sheet)

Designation:..... Duty Station:.....
District:..... County:.....
Subcounty:..... Parish:.....
Village:..... From (DD/MM/YYYY):.....

3) APPLICANT'S ACADEMIC QUALIFICATIONS (Attach Photocopies of all Relevant Supporting Documents)

S/No.	Title of Award (eg: Bachelor of Science in Architecture)	Awarding Institution (eg, Makerere University)	Year of Award (DD/MM/YYYY)
1			
2			
3			
4			
5			
6			
7			

NOTE: All copies of documents submitted shall become the property of UBTEB and shall never be returned to the Applicant.

4) ACTIVITY(IES) APPLIED FOR

S/No.	Please Tick the Box Against One or More Activities listed Below	For Activities No.1 , 2 & 3, Please Specify your Subjects of Specialisation.	Tick the Box if you ever worked with UBTEB
1	Item Writing		
2	Item Moderation		
3	Examiner/ Examinations Marking		
4	Reconnoitor		
5	Script Checker		
6	Supervisor		
7	Others; Please Specify:		

5) EXPERIENCE (To be filled by Reconnoitors & Supervisors only)			
S/No.	Institution Supervised	Police Station	Year
1			
2			
3			
4			
5			

6) ACCOUNT DETAILS			
S/No.	BANK NAME	ACCOUNT NO	BRANCH
1			
2			

7) Declaration

I the undersigned hereby declare that the information provided on this form is true and correct to the best of my knowledge and I shall be held responsible for any legal implications that may arise out of it.

Signature;..... Date:.....Place:.....

Recommended by: Name:..... Designation:.....

Signature & Stamp;..... Date:.....Place:.....

8) FOR OFFICIAL USE ONLY

Authorised Officer

i) Application Approved

ii) Application Not Approved

iii) Comments of the Authorised Officer:.....

.....

Advise to Applicant if any:

.....

Name: Designation:..... Signature:..... Date:.....

Appointing Authority

i) Application Approved

ii) Application Not Approved

iii) Comments of the Appointing Authority:.....

.....

Advise to Applicant if any:

.....

Name: Designation:..... Signature:..... Date:.....

Official Stamp