Website: www.ubteb.go.ug E-mail: info@ubteb.go.ug

6

Supervisor

Others; Please Specify:



P.O.Box 1499, Kampala Tel: +256 414 289 787

UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD

APPLICATION FORM FOR UBTEB ACTIVITIES Affix Colored Passport Size Photo Applicants for Item writing, Moderation and Examiner/Marking MUST be recommended by Here their respecitve 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 RESIDENTAL ADDRESS (If Different from Duty station, Indicate Residental address on Additional Sheet) Duty Station: District: County:..... Subcounty: Parish: From (DD/MM/YYYY):..... Village:.... 3) APPLICANT'S ACADEMIC QUALIFICATIONS (Attach Photocopies of all Relevant Supporting Documents) Title of Award Awarding Institution S/No. Bachelor of Scence in Architecture) (eg, Makerere University) (DD/MM/YYYY) 2 3 5 6 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 Tick the Box if Please Tick the Box Against One or More Activities listed For Activities No.1, 2 & 3, Please Specify your S/No. you ever worked **Below** Subjects of Specialisation. with UBTEB Irem Writing 1 2 Item Moderation 3 Examiner/ Examinations Marking 4 Reconnoitor 5 Script Checker

) EXP	ERIENCE (To be filled by Re	connoitors & Supervisors only)	
S/No.	Institution Supervised	Police Station	Year
1			
2			
3			
4			
5			
ACC	OUNT DETAILS		_
/No.	BANK NAME	ACCOUNT NO	BRANCH
1			
2			
Dec	laration		
Recommended by: Name: Designation: Designation: Date: Place:			
FOF	OFFICIAL USE ONLY		
		Authorised Officer	
App	lication Approved	ii) Application Not Approved	
) Coı	nments of the Authorised (Officer:	
dviss	e to Applicant if any:		
ame:		Designation:	Date:
		Appointing Authority	
App	lication Approved	ii) Application Not Approved	
) Coi	mments of the Annointing A		
lviss	e to Applicant if any:		
ame:		Designation: Signature: Signature:	Date:

Official Stamp