



THE REPUBLIC OF UGANDA

PUBLIC SERVICE MEDICAL EXAMINATION FORM

Ref.....

Date:

PART I

To: The Government Medical Officer

.....
.....

Please examine Mr.*/Mrs.*/Miss*/Dr*
for appointment as on pensionable*/non-pensionable*

Name Signature.....

Designation.....

PART II

Date:.....

To: The Permanent Secretary/Head of Department/Chief Administrative Officer/Town Clerk (as applicable), Ministry, Department, or Local Government

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I have examined the person named in Part I above and consider that he*/she* is*/is not* medically fit for appointment to the Public Service on pensionable*/non-pensionable* terms.

Name of Government Medical Officer.....

Signature..... Date.....

Copy to:-
The Permanent Secretary,
Ministry of Public Service
P. O. Box 7003
KAMPALA

*Delete whichever words are not applicable

**THE PUBLIC SERVICE OF UGANDA
PERSONAL RECORD FORM**

Two copies of this Form must be filled in person by all employees joining the Public Service for the first time or on re-appointment. The Responsible Officer should forward a copy to the Ministry of Public Service. A copy should be kept in the Officer's open file.

SECTION A – PERSONAL INFORMATION

1. Surname:

2. Other Names:

3. **File Number

4. **Personal Number (from payslip):

5. Date of Birth: (DD MM YYYY)

6. Nationality and Sex: Code
 1. Ugandan Male 2. Non Ugandan Male 3. Ugandan Female 4. Non Ugandan Female

7. Home District (If Ugandan) _____ **Code
 Country of Origin (If Non Ugandan) _____ Code

8. Marital Status: 1. Married 2. Single 3. Divorced 4. Widowed 5. Separated

9. Name of Husband*/Wife* (if applicable) _____

10. Number of Children Ages of Children _____

11. Location of Residence (Address) _____

12. Place of work (Address) _____

13. Religious Denomination _____

14. Bank and Branch _____

15. Bank Account Number _____

16. Bank Account title*** _____

* Delete whichever is not applicable
 **To be filled in by the Head of Personnel,
 *** The district code should be the same as the vote code.
 **** The Bank Account Title should be same as the names on the appointment letter.



SECTION B – EDUCATIONAL STATUS/QUALIFICATIONS

	Year Completed	School/ Institution	Award + Class	Area of Study/ Specialisation
PHD				
Masters				
Postgraduate Diploma				
First Degree				
Vocational Training				
A'Level				
O'Level				
Apprentice Training				
PLE				

SECTION C – NEXT OF KIN

Names of two persons who should be contacted in case of an emergency.

1. (a) Name	
(b) Relationship	
(c) Place of Work	
Organisation	
Telephone/Mobile	
Place of Residence	
Postal Address	
2. (a) Name	
(b) Relationship	
(c) Place of Work:	
(i) Organisation	
(ii) Telephone/Mobile	
(iii) Place of Residence	
(iv) Postal Address	

SECTION D- CERTIFICATION

I certify that the information provided is true

_____	_____
Name of Officer	Designation
_____	_____
Signature	Date

** Delete whichever is not applicable*

**Provision of wrong information is a criminal offence*

SECTION D- CERTIFICATION

I certify that the information provided is true

Name of Officer Designation

Signature Date

** Delete whichever is not applicable*

**Provision of wrong information is a criminal offence*