



MINISTRY OF EDUCATION AND SPORTS

DEPARTMENT OF TVET OPERATIONS & MANAGEMENT

P.O. BOX 7063, KAMPALA, KYADONDO ROAD, LEGACY TOWER WING B LEVEL 3

FORM FOR BASIC INFORMATION ON TVET PRIVATE INSTITUTIONS/PROVIDERS

Information about the Institution	District	
	County/Municipality	
	Sub-County/Division	
	Parish/Ward	
	Institution Name	
	Category of Institution (e.g School, Center, Institute, College or work place).	
Information about Propriator	Founding Body (e,g COU, C/S, Moslems, CBO, NGO, Individual(s),	
	Name	
	Tel Contact	
	E-Mail address	
Administration	Name of Head of Institution	
	Title (Director, Principal, Head Teacher)	
	Tel. Contact	
	E-mail address	