

PSF 21



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 Emoly Ambrose

Signature.....

Designation.....

PHRO
 For PERMANENT SECRETARY
 MINISTRY OF EDUCATION & SPORTS

PART II

Date:.....

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

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



IPPS DATA COLLECTION FORM

Ministry/ District.....

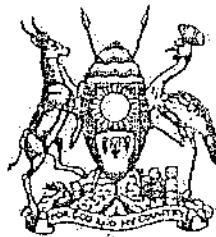
Department

1.	Name of Officer	
	First Name	
	Other Names	
	Surname	
2.	Date of Birth	
3.	Gender	
4.	Marital Status	
5.	District of Birth	
6.	County of Birth	
7.	Sub-County of Birth	
8.	Village of Residence	
9.	L.C 1 of Residence	
10.	Email Address	
11.	Phone Contact	
12.	Date of First Appointment	
13.	Date of Current Appointment	
14.	Employment Terms	
15.	Open File No.	
16.	Registration No. (For Teachers & Health Professionals)	
17.	Date of Contract Expiry	
18.	Highest Level of Education	
19.	Other Qualifications	
20.	Program	
21.	Sub- Program	
22.	Designation/ Post Title	
23.	Posting Station	
24.	Facility Level (for Health facility)	
25.	Facility Name (for Health facility)	

26.	National ID Number	
27.	Tax Identification Number (T.I.N)	
28.	Next of Kin Information	
	Name	
	Phone Contact	
	Place of Residence	
	District	

Signature of the Employee;

Date;



THE REPUBLIC OF UGANDA

EDUCATION SERVICE COMMISSION

SURNAME	
OTHER NAMES	
BIRTH DATE	
SCHOOL	
GENDER (SEX)	
DISTRICT	
REGISTRATION NO.	
APPOINTMENT STATUS	
DATE APPOINTED	
APPOINTING AUTHORITY	
CONFIRMATION STATUS	
DATE CONFIRMED	
CONFIRMATION MINUTE NO.	
<u>QUALIFICATIONS:</u>	
PLE	
'O' LEVEL	
'A' LEVEL	
GRADE III	
GRADE V/DIPLOMA	
GRADUATE/DEGREE	
OTHER QUALIFICATIONS	