

IPPS DATA COLLECTION FORM

| Ministry/ District | | | | |
|--------------------|--|------------|--|--|
| Department | | | | |
| 1. | Name of Officer | • | | |
| | First Name | | | |
| | Other Names | | | |
| | Surname | | | |
| 2 | Date of Birth | | | |
| 3. | Gender | No comment | | |
| 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. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | 1 | | | |
| 14. | 1 | | | |
| 15. | | , | | |
| 16. | Registration No. (For Teachers & Health Professionals) | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 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 | |
| - III III III III | | |
| | | |

| Signature of the Employee; |
|----------------------------|
| Date; |

PSF 21



THE REPUBLIC OF UGANDA

PUBLIC SERVICE MEDICAL EXAMINATION FORM

| Ref | | | |
|--|-----------------------|--------------------------------------|-------------|
| Date: | | | |
| F | PARTI | 90 | |
| * | | | |
| To: The Government Medical Officer | | 57 | |
| | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Please examine Mr.*/Mrs.*/Miss*/Dr* | | | |
| for appointment as | on pensionable*/no | on-pensionable* | |
| for appointment as | | and _ | • |
| Name PSA RAMMAL | Signature | - wanter- | |
| Name | - | PHRO | |
| | Designation. | and the second section of the second | |
| | 501000 <u>000</u> 000 | 178 6 | |
| | PART II | Wa | |
| | | FOR PERMANE | NT SECRET |
| Date: | | MINISTRY OF ED | DCVIION a 2 |
| To: The Permanent Secretary/Head of Dep | artment/Chief Admin | istrative Officer/Town | Clerk (as |
| tianble) Ministry Department or Local G | overnment | | |
| | | | |
| | | | |
| | | | |
| Thave examined the person named in Part I | above and consider t | hat he*/she* is*/is not | medically |
| fit for appointment to the Public Service on | pensionable*/non-pe | ensionable terris. | |
| Name of Government Medical Officer | | | |
| Name of Government Medical Officer | | | |
| Signature | Date | | |
| Signature | | | |
| Copy to:- | | | |
| The Permanent Secretary, | | | |
| Ministry of Public Service | | | |
| P O Box 7003 | | | |
| KAMPALA | | | |



EDUCATION SERVICE COMMISION

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