

**ROYAL INSTITUTE OF BUSINESS & TECHINCAL EDUCATION (RIBTE)**

**P.O.BOX 71620 KAMPALA, UGANDA.**

**Tel:0772455644,0705455644,0772655202**

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**REGISTRATION FORM**

**SECTION A**

**FILL IN THIS DOCUMENT IN CAPITAL LETTERS. YOUR NAME SHOULD BE WRITTEN AS PER YOUR UNEB PASS SLIP. Attach four photocopies of your Result Slip each Level, photocopied Identity Card & 10 coloured Photos.**

**1. a ) Surname.....**

**Other Name.....**

**b) Academic Year (e.g.2022/23).....**

**2. Course Offered:.....**

**3. c) Marital Status (Tick the appropriate):**

**Single**

**Married**

**4. Section(Tick the appropriate):**

**Boarder**

**Day**

**5. Home District:.....**

**6. Your Telephone No:.....**

**7. Date of Birth (dd/mm yyyy):.....**

**8.Religion:.....**

**g) Email Address:.....**

**Nationality:.....**

**5. Specify your type of entity(tick the appropriate below)**

**Primary**

**O' Level**

**A' level**

**Certificate level**

**6. Education Background i.e. School attended as per the pass slips with years**

<b>Level</b>	<b>school</b>	<b>years (e.g.1993-2000)</b>
<b>Primary</b>	.....	.....
<b>Secondary</b>	.....	.....
	.....	.....
<b>Institute</b>	.....	.....

**7. a) Father's Name:.....**

**a) Mother's Name:.....**

**b) Father's Occupation:.....**

**c) Mother's Occupation:.....**

**d) Father's Location:.....**

**e) Mother's Location:.....**

**f) Father's Telephone:.....**

**g) Mother's Telephone:.....**

**h) If father/mother dead, Guardian's Name.....**

**f) Guardian's Location.....Guardian's Telephone.....**

**8. a) Name of Sponsor/Financing**

**a) Body.....**

**b) Telephone No.....**

**9. Co-Curricular Activity (i.e., Game/Activity of interest):.....**

**10.a) Do you have any medical Complication? (Please tick the appropriate)**

**11. Yes**

**12.No**

**b) If Yes, Mention it and how long you have had it?.....**

8. a) Do you have Special Doctor? (Please tick the appropriate) Yes  No

b) If Yes, His/hers Name.....

c) His/hers Telephone No.....

9. a) Do you have any Disability? (Please tick the appropriate) Yes  No

b) If yes, Name the Disability.....

10. a) Your Next Of kin (any other person we can contact apart from your parents/guardian):.....

b) Next of Kin's Location.....

c) Next of Kin's Telephone No.....

**DECLARATION BY THE STUDENT (THE TRUTH SHOULD BE STATED BECAUSE FOREGY WILL LEAD TO POLICE ARREST AND DISMISSAL)**

I declare that to the best of my knowledge the information given above is correct. I do hereby undertake to seek the truth, to study diligently, to obey the institute Administration and others in authority, to observe the institute rules and regulations and to exercise discipline in all ways at all times.

Signature of the student.....Date.....

**SECTION B (FOR OFFICIAL USE ONLY)**

I declare that on the basis of the documents given which I have examined carefully, the candidates is hereby registered for a

**CERTIFICATE / DIPLOMA**

**IN**.....

**Student's Registration**

**No:**.....

**Academic Registrar's Sign &**

**Date:**.....