



# HARVAN INTERNATIONAL INSTITUTE OF BUSINESS AND VOCATIONAL STUDIES

P. O. Box 74641 Kampala.  
Kansanga - Aqua House Ggaba Rd.  
Tel: +256 s753589701, +256 393240710  
E-mail: [harvaninstitute@gmail.com](mailto:harvaninstitute@gmail.com)  
Website: [harvaninstitute.ac.ug](http://harvaninstitute.ac.ug)

## APPLICATION FORM FOR ALL PROGRAMS UNDER QUARTER SYSTEM

### SECTION A: PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Others: \_\_\_\_\_

Gender: Male  Female  Date of Birth (dd/mm/yy): \_\_\_\_/ \_\_\_\_/ \_\_

Marital Status: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_ Program: \_\_\_\_\_

District: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: (postal/physical) : \_\_\_\_\_

Telephone: \_\_\_\_\_ and or: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Office line: .....

### SECTION B: PROGRAMMES

**Please indicate the course, you wish to apply for:**

- Business Administration
- Accounting & Finance
- Procurement & Supplies Management
- Human Resource Management
- Early Childhood Development / ECD
- Decoration & Events Management
- Information Technology
- Filming ,videography & photography
- Mass communication & journalism
- Catering and Hotel Management
- Hair Dressing and Cosmetology
- Fashion and Design
- Information Technology
- Computer Engineering
- Software Engineering

**Plus the Functional Fees**

- Registration
- Identity Card
- Examination Fee
- First Aid Care
- Library
- Development Fees
- Guild Fee
- T-shirt
- NCHE
- Computer

**SECTION C: QUALIFICATION**

Uganda Certificate of Education: Index No. \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Subject:.....

Grade: .....

Summary	D	C	P

Uganda Advanced Certificate of Education: Index No. \_\_\_\_\_ Year \_\_\_\_\_ School: \_\_\_\_\_

Subject					

Summary	P.Pass	S.Pas

Grade


**Other qualifications attained:** *(attach certified copies of their certificates & transcripts)*

Institution: \_\_\_\_\_ Qualification: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Institution: \_\_\_\_\_ Qualification: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SECTION D: PROFILE**

**Positions held while at school**

Institution: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Position: \_\_\_\_\_

**Employment Record**

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

**Reference** (person(s) in responsible positions from whom confidential information may be obtained)

Name: \_\_\_\_\_ Address :( physical/Postal): \_\_\_\_\_ Tel. : \_\_\_\_\_

**SECTION E: SPONSORSHIP**

Name: \_\_\_\_\_ Address (physical/Postal): \_\_\_\_\_ Tel. : \_\_\_\_\_

**SECTION F: ENROLMENT INTAKE AND SYSTEM**

Intake period: January/February  April/May  August/September

System of Study: Quarter System

**SECTION G: DECLARATION**

I wish to be enrolled on the programme ticked in section B and I hereby agree to the conditions of enrolment, and that I have not presented forged academic documents or those which belong to other persons, in support of the application. I understand that this will lead to cancellation of the admission at any time during registration or afterwards, and that if found I will be liable to prosecution in courts of law.

**Applicant Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

\*\*\*\*\*

FOR OFFICIAL USE ONLY			
Accepted <input type="checkbox"/>		Rejected <input type="checkbox"/>	Reasons for rejection/Pending:
Programme admitted to:		Pending <input type="checkbox"/>	
Date of Admission:			

**Registration Official:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Stamp & Date:** \_\_\_\_\_