

APPLICATION FORM FOR RESEARCHERS WISHING TO CARRY OUT RESEARCH IN UGANDA AND TO USE GOVERNMENT ARCHIVES

(Please complete three (3) copies of this form and attach four (4) recent passport-sizes photographs)

SECTION A

1. Surname.....
2. Other Names.....
3. Date and Place of birth.....
4. Nationality.....
5. Country of residence.....
6. Passport Number, Date and Place of Issue.....
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7. Permanent address (including P.O. Box Number, Telephone, Street/Plot Number, City/Town.....
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8. Address of Institution of affiliation (including P.O. Box Number, Telephone, and Street/Plot Number, City/Town.....
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9. Have you been sentenced or bound over by a civil court, or has a charge against you been dismissed by a civil court? If so, give dates and circumstances.
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10. Marital status:

(a) Married or single (Tick as appropriate)

(b) If married, give names of spouse at birth.....

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(c) Number and ages of children.....

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11. Details of father:

(a) Name and nationality at birth.....

(b) Present nationality.....

12. Details of mother:

(a) Name and nationality at birth.....

(b) Present nationality.....

SECTION B

13. Details of Educational standard:

(a) Names of schools and colleges attended with dates and qualifications obtained

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(b) Names of universities attended with dates and qualifications obtained.....

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(c) Postgraduate courses taken

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(d) What language(s) do you speak?

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SECTION C

14 . Employment since leaving school or college, with dates.....

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15. Countries you have visited.....

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16. Title of research project.....

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17. Brief description of how research will be conducted including methodology of project

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18. Areas of Uganda in which research will be carried out:

District	County/ Municipality	Sub County/ Town Council	Parish	Duration

19. Name and address of organization recommending/sponsoring the candidate (P.O. Box Number, Telephone Numbers, street/Plot number, city/town).....

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20. Project duration.....

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Signature of Researcher.....

Date.....

FOR OFFICIAL USE ONLY

PRESIDENT'S OFFICE
RESEARCH SECRETARIAT,
PARLIAMENTARY BUILDING,
KAMPALA, UGANDA.

PERMISSION TO USE GOVERNMENT ARCHIVES

Surname.....

Other Names.....

Nationality.....

Present Address.....

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Title of research assignment.....

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Sponsors.....

You are permitted/not permitted to use Government Archives.

Secretary for Research

Date.....

Note: Only files and documents that are older than fifty years are available for researchers. More Recent files and classified documents require fresh application to the Secretary for Research.