



LIBRA VOCATIONAL BUSINESS INSTITUTE

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OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FORM FOR DIPLOMA /CERTIFICATE PROGRAMME

This form must be submitted with evidence of payment of application fee of
Fifty Thousand shillings (Shs 50,000/=). (Non-refundable)

Date: _____

Applicant's personal details:

First Name: _____ Middle Name: _____
SurName: _____

(Names should be those that appear on your academic documents).

Date of birth: _____ (DD/MM/YY) Gender: M F
Nationality: _____

Physical address: _____

Tel No: _____

EST 2022

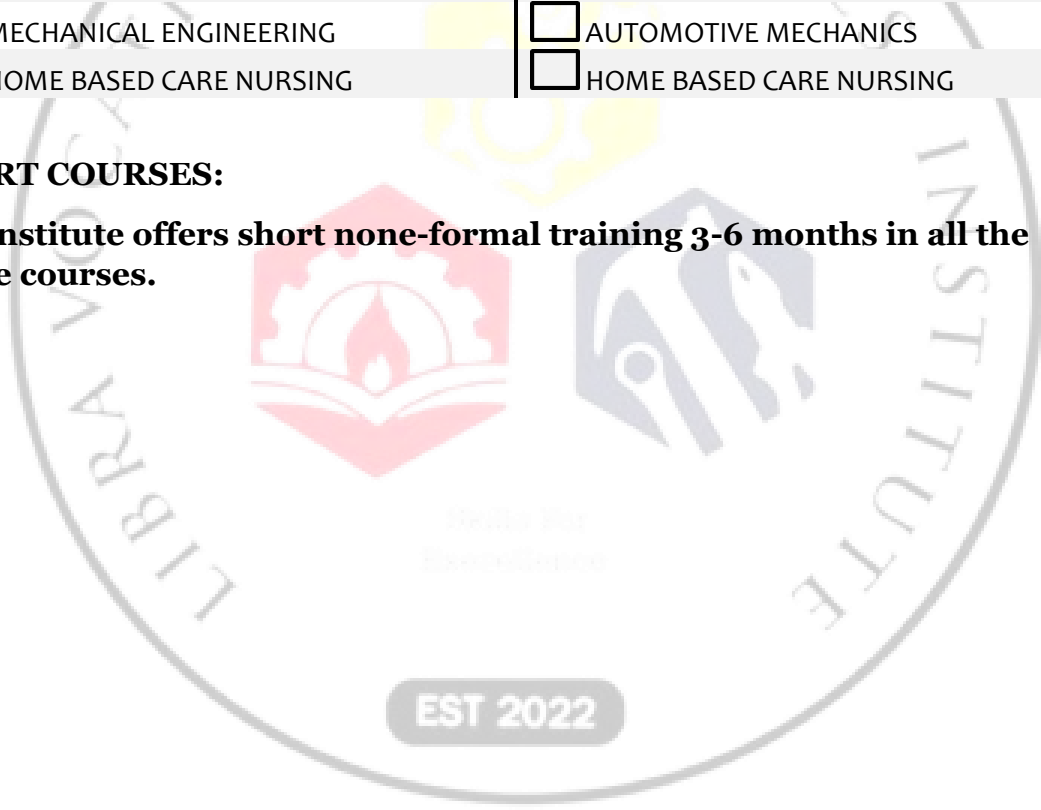
Program Details

Program Applied For:

DIPLOMA COURSES	NATIONAL CERTIFICATE COURSES
<input type="checkbox"/> INFORMATION TECHNOLOGY	<input type="checkbox"/> INFORMATION TECHNOLOGY
<input type="checkbox"/> COSMETOLOGY AND BEAUTY THERAPY	<input type="checkbox"/> COSMETOLOGY AND BEAUTY THERAPY
<input type="checkbox"/> FASHION AND GARMENT DESIGN	<input type="checkbox"/> FASHION AND GARMENT DESIGN
<input type="checkbox"/> ELECTRICAL ENGINEERING	<input type="checkbox"/> ELECTRICAL INSTALL SYSTEMS AND MAINTENANCE
<input type="checkbox"/> WATER ENGINEERING	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> BUILDING AND CIVIL ENGINEERING	<input type="checkbox"/> BUILDING CONSTRUCTION
<input type="checkbox"/> INSTITUTIONAL CATERING AND HOTEL MANAGEMENT	<input type="checkbox"/> INSTITUTIONAL CATERING AND HOTEL MANAGEMENT
<input type="checkbox"/> MECHANICAL ENGINEERING	<input type="checkbox"/> AUTOMOTIVE MECHANICS
<input type="checkbox"/> HOME BASED CARE NURSING	<input type="checkbox"/> HOME BASED CARE NURSING

SHORT COURSES:

The institute offers short none-formal training 3-6 months in all the above courses.



Educational Background of the Applicant

(Primary, Secondary schools, colleges and Universities)

NAME OF THE SCHOOLS ATTENDED	YEARS OF STUDY		QUALIFICATION OBTAINED (PLE, UCE, UACE, CERTIFICATE) etc.
	FROM	TO	

Details of Parent/Guardian/Sponsor

Name: _____ Relationship: _____ Occupation: _____

Physical Address: _____ Tel No.: _____

Signature: _____

Details of Next of Kin

Name: _____ Relationship: _____ Occupation: _____

Physical Address: _____ Tel No.: _____

Signature: _____

Note:

- Attach copies of relevant documents i.e., Academic Documents (PLE, UCE, UACE), National Id and 2 recent passport photos (with a white background).
- Provision of any false information will lead to automatic cancellation and discontinuation once discovered.

Applicants Signature: _____ Date (DD/MM/YY): ____/____/____

Official Use Only

Admission Committee:

Officer's Name: _____

Officer's Signature/ stamp: _____ Date (DD/MM/YY): ____/____/____

