



MURBS DEPARTMENTAL AMBASSADORS APPLICATION FORM 01-0218

Parts I - IV below are to be completed by the Applicant

Part I:

Name of Applicant: _____ Age: _____
Payroll/IPPS Number: _____ University Staff ID Number: _____
University College/School: _____ Department: _____
University Appointed Position: _____ Date Appointed by the University: _____
URA Tax Identification Number: _____ Physical Address/Residence: _____
Mobile Phone Number: _____ E-Mail Address: _____
Signature: _____ Date: _____

Part II:

- 1) Have you been sentenced to imprisonment by a court of competent jurisdiction for six (06) months or more?
YES/NO
- 2) Have you been convicted by a court of competent jurisdiction of an offense of moral turpitude?
YES/NO
- 3) Are you subject to any pending or present criminal/civil proceedings?
YES/NO

If your answer is yes to any of the above, please state the dates and give the particulars of the offence.

Part III:

- 1) What has motivated you to apply for this programme?
.....
.....
- 2) Please rate the level of your availability and how you would commit to this programme by ticking the appropriate scale below: -
 - i) On a daily basis
 - ii) Weekly
 - iii) Monthly
 - iv) Any prior agreed time

Part IV:

Please attach the following:

- 1) A copy of your University ID
- 2) A copy of your appointment to permanent service with the University

Please send the completed form plus scanned copies of the attachments to info@murbs.mak.ac.ug and copy godwin.kakuba@mak.ac.ug; murbs.info1@gmail.com.

For inquiries: Contact the Scheme Office on Tel: 0414 531 473 or Toll-Free No 0800111480 or visit the Office at Lincoln Flats B4, off University Road, Makerere University.



Part V: For Official Use Only

Approved (Yes/No)	
Reasons for disapproval if so	
Date Received	
Date approved	
Date communicated to member	
Date appended on Ambassador list	
Name	
Designation	
Signature	
Date	