



# NAKYESASA INCUBATION CENTER

A Business Research, Incubation and Skilling Center (BRISC)

Makerere University-Government of Uganda Joint Initiative

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The completed form must be emailed to [info@afriisa.org](mailto:info@afriisa.org) and copy [rmuwazi@gmail.com](mailto:rmuwazi@gmail.com)

**APPLICATION FORM**



**PERSONAL INFORMATION**

Title : Mr.  Mrs.  Ms.  Dr.  Prof.  Rev.  Sr.

Surname:..... Other Names:.....

<b>Marital Status (Tick)</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<b>Gender (Tick)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Citizenship / Nationality</b>	<b>Date of Birth</b>		
			DD	MM	YY
<b>Home District</b>	<b>Sub-county / Division</b>	<b>Parish / Ward</b>	<b>Village / Cell</b>		

**Physical Address:**.....

**Tel(s):**..... **Email:**.....

**Next of Kin (in case of any emergency, indicate name of person to be contacted)**

Name	Postal/Email Address	Telephone	Relationship

**Choose only one course**

Programs	✓ Choose by ticking (Only one)
1. Commercial poultry farming	
2. Commercial earthen-pond fish farming	
3. Making shoes and belts	

**How do you intend to use the skills gained after the training?**

**State two referees**

<b>1</b>	<b>Name:</b>	<b>Contacts:</b>
<b>2</b>	<b>Name:</b>	<b>Contacts:</b>

**DECLARATION:** I declare that to the best of my knowledge the information given above is correct

Signature:.....Date:.....

**Applicant**

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**FOR OFFICIAL ONLY**