



GULU COLLEGE OF HEALTH SCIENCES

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Email: gulu.sch.clinical.officers@gmail.com, Websites: www.gchsc.ac.ug



APPLICATION FORM FOR 2025/2026 ADMISSIONS TO DIPLOMA/CERTIFICATE PROGRAMMES

Recent
applicants'
passport size
photograph

PART 1-BIO DATA

- a) Surname (Block letters)
- b) Other Names
- c) Sex ☐ Female ☐ Male. Date of birth [DD/MM/YYYY]:/...../.....
- d) Home District: Sub-county: Village:
- e) Citizenship: Country of Residence:
- f) Religious Affiliation:
- g) Permanent Address:
- h) Telephone Number(s):

ATTACH A PHOTOCOPY OF YOUR BIRTH CERTIFICATE & NATIONAL IDENTITY CARD.

PART 2-PROGRAMMES OFFERED

A. For Senior six leavers/Certificate (relevant) holders

- a) Diploma in Clinical Medicine and Community Health. (DCM)
- b) Diploma in Public Health Dentistry. (PHD)
- c) Diploma in Pharmacy (PHA)
- d) Diploma in Environmental Health Sciences (DEH)
- e) Diploma in Medical Laboratory Technology (MLT)

B. For Extensors/Diploma holders

- f) Diploma in Anaesthesia (DAN)
- g) Diploma in Health Leadership & Management (DLM)

C. For Senior four leavers

- h) Certificate in Pharmacy (CPH)
- i) Certificate in Environmental Health Sciences (CEH)
- j) Certificate Medical Laboratory Techniques (CLT)
- k) Certificate in Theatre Techniques (CTA)

Indicate the Programme of your choice: use the **3-letter Code** for the programmes as indicated above.

1 st	2 nd	3 rd

PART 3 - QUALIFICATIONS

A. Uganda Certificate of Education (U.C.E):

a) Name of School

b) Index Number c) Year of Examination.....

d) Write down your results in the table below:

Subject	Result	Subject	Result

ATTACH A PHOTOCOPY OF YOUR U.C.E. PASSLIP/CERTIFICATE

B. Uganda Advanced Certificate of Education (U.A.C.E) or Academic transcript:

a) Name of School

b) Index Number

c) Year of Examination

PAPER	RESULT

ATTACH A PHOTOCOPY OF THE UGANDA ADVANCED CERTIFICATE OF EDUCATION OR ACADEMIC TRANSCRIPT.

C. For extensors only (With Diploma & or Certificate)

Institution Attended	Qualification Attained	Year of Qualification

ATTACH A PHOTOCOPY OF THE TRANSCRIPT RECEIVED AT CERTIFICATE OR DIPLOMA LEVEL.

PART 4 – DECLARATION:

I..... declare that the information given on this form is correct and accurate.

Signature of Applicant Date

Note:

1. Please attach evidence of payment of the application fee.
2. Photocopy this Application Form, after attaching your photo. Please come with it if successful in order to receive your admission documents.
3. Please pay **application fees** of Shs.65,000/- (sixty five thousand shillings only) in **Stanbic Bank**, Account name: Gulu School of Clinical Officers, No. 9030006241211, **Gulu Branch**. It is **non-refundable**.

PART 5 - MINIMUM REQUIREMENTS:

For Certificate courses MUST have passed English, Biology, Chemistry, Mathematics and Physics.

For Diploma courses such as;

Diploma in Clinical medicine, Public Health Dentistry, Environmental Health Sciences and medical laboratory technology **MUST HAVE** done Biology and Chemistry at A' level plus another science subject. A minimum of a principal pass in Biology and 2 subsidiary passes in chemistry and mathematics or physics obtained in the same sitting or a certificate in a health related discipline.

Diploma in Pharmacy **MUST HAVE** done Biology and Chemistry at A' level plus another sciences subject. Must have a minimum of a principal pass in Chemistry, 2 subsidiary passes in Biology and Mathematics or physics obtained in the same sitting or a certificate in a health related discipline.

Diploma Anaesthesia MUST have diploma in Nursing, midwifery, clinical medicine and community health. Clinical ophthalmology, ear, nose and throat.

Diploma in Health leadership and management – A Diploma in health related discipline

Note: Submission of this application form does not imply admission. An admission letter will be issued to each successful candidate.