



**COLLABORATING OPERATIONAL SERVICES FOR
SCIENTIFIC RESEARCHER UGANDA (COSSR)**

**P.O. Box 21615
Kampala
Uganda**

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SHORT COURSE APPLICATION FORM

Please complete the application form carefully

Section A-Personal Details

Surname :		Name:	
Postal Address:			
Residential Address:			
Tel No:	Fax No:	Cell No:	
Email Address			Date of Birth:
Language	Gender:	Nationality	

Section B: Academic Details

YEAR	DEGREE	INSTITUTION

Section C:Employment Record

Organization name	
Job Title	
Address Information	
Telephone/Mobile No.	
Email address	

Section D: Course Training Applied for:

Section E: Fee Payer/Sponsor Information

If Sponsored		
Postal Address:		
Residential Address: Kampala		
Tel No:	Fax No:	Cell No:
Email Address		
If self-Sponsored indicate here		

Section F: Mode of Payments

Remittance Particulars for USD

Account Name: Collaborating Operational Services for Scientific Researchers Uganda Limited (COSSR)

Account Number: 01983501002669

Bank Name: DFCU Bank

Branch Name: Kyambogo

Branch Address: Branch Code (69)
Jinja Road Kyambogo
Kampala

Swift: DFCUUGKA

Undersigned

The undersigned certifies that his/her statements made in answer to the foregoing questions are true, complete and correct. The undersigned applies for course Training at COSSR by returning this form.

Date:

Place: