ESAMI

POST GRADUATE APPLICATION FORM

Programme Applied for

i) MBA	(✓)
ii) MBA(TELM)	( )
iii) MBA(HRM)	( )
iv) MBA (CUSTOMS)	( )
v) MPA	( )
vi) Msc. Project Management	( )

Preferred Venue of study ..... KAMPALA, UGANDA .....

1. PERSONAL DATA

Surname..... MWANGA ..... Fore Names..... MICHAEL MUSANI

Date of Birth ..... 7TH JULY 1978 ..... Sex ..... MALE

Contact Address ..... C/O SOROTI REGIONAL REFERRAL HOSPITAL

Town ..... SOROTI ..... Country ..... Uganda

Telephone ..... Fax .....

Mobile ..... 0772 335366 ..... E- mail ..... MWangamike@yahoo.com

Nationality/ Citizenship ..... UGANDAN .....

2. EDUCATION /ACADEMIC QUALIFICATIONS

(Start with the highest qualification)

SCHOOL/ INSTITUTION	EDUCATION/PROFESSIONAL QUALIFICATIONS OBTAINED	YEAR FROM	YEAR TO	FIELD OF STUDY
MAKERERE UNIVERSITY	MASTER OF PUBLIC HEALTH	2008	2013	PUBLIC HEALTH
UGANDA MANAGEMENT INSTITUTE	POST GRADUATE DIPLOMA IN PROJECT PLANNING AND MANAGEMENT	2011	2012	Project Management
MAKERERE UNIVERSITY	Bachelor of Medicine and Bachelor of Surgery	1998	2003	Medicine and Surgery

3. WORK EXPERIENCE

Present Occupation

a) Job title ..... HOSPITAL DIRECTOR .....

b) Name of Organization/Company/Government Ministry..... SOROTI R.R. HOSPITAL

c) Organization postal Address..... #289, SOROTI .....

d)Organization postal Address.....

e)Organization Telephone No .....f) Fax No .....
g) Email ..... sondihospital@yahoo.com .....
h) Summary of Responsibilities .....
..... I take charge of all affairs related .....
..... to the day to day management of hospital .....
..... activities. .....

4. PREVIOUS WORK EXPERIENCE

JOB TITLE	NAME OF EMPLOYER	YEAR FROM	TO
District Health Officer	Kapchorwa DLG	2015	2018
Senior medical officer	Bukwo DLG	2007	2015
Medical officer	Bukwo DLG	2005	2007

5. DECLARATION

I certify that the information I presented above is correct to best of my knowledge and belief. If selected, I undertake to abide by rules and regulations of the BBA programme and the fees thereof.

..... 3rd September 2021 .....

Signature *Date*

6. ENDORSEMENT BY SPONSOR

This organization/Institution will meet the nominee's tuition and other fees required for the Masters programme. Tuition fees for the two years' study is ..... (this excludes books, travel, accommodation and field research work. The costs of these additional costs vary from center to center and will be provided to the sponsor on request)

Name of sponsoring Organization: .....
Contact person; Name: .....
Position: .....
Full Address: .....
.....
Telephone: .....
Fax: .....
E-mail: .....

....

Signature and official stamp *Date*